Automated Payment Program

The **Automated Payment Program** allows you to pay your bill from The Health Plan bill automatically each month. When you enroll in the Automated Payment Program, we will deduct your health care premium from your bank account on the **5th** of each month. If the **5th** falls on a weekend or holiday, payment will be deducted on the following business day.

The completed form must be received 15 days prior to initial payment month.

Preferred Automated Payment start month: _____. A confirmation letter will be provided to you with the initial withdraw date of the automated payment program.

To sign up for the **Automated Payment Program**, please complete and sign this form and return this form to The Health Plan. In addition, we need a **VOIDED** check from the account to be used for your automated payment. The **VOIDED** check provides all the information needed to set up your automated payment. Deposit slips are **NOT** accepted.

Please attach the voided check in this shaded area.

If the automated payment is to be withdrawn from a savings account ONLY, please complete the information below:

Banking Routing Number: _____

Savings Account Number: _____

The Health Plan will notify you of returned funds from the bank. The Health Plan shall have no obligation to re-transmit a return with respect to the original transmission. We also reserve the right to cancel this agreement in the event of habitual NSF returns or other consumer account problems.

By signing this form, I understand and agree that I must give The Health Plan a 15-day prior written notice to terminate this automated payment program. I understand that I must inform The Health Plan of any changes to the affected accounts and I have no right to cancel or amend any file after transmission has occurred.

_____	_____	_____	_____
(Subscriber's Signature)	(Print Name)	(The Health Plan ID#)	(Date)
_____	_____	_____	_____
(Spouse/Dependent's Signature if applicable)	(Print Name)	(The Health Plan ID#)	(Date)

1110 Main Street, Wheeling, WV 26003-2704 • P: 1.800.624.6961

healthplan.org