EFT Authorization Form

FOR ELECTRONIC FUNDS TRANSFER PAYMENTS

Mail your completed form to: Western Health Advantage
Premium Accounting
2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

In an effort to maintain efficient business practices, Western Health Advantage encourages Groups and Individual members to utilize our EFT payment option. Please take a moment to consider initiating EFT now. Thank you!

Group Name/Group # ______________________________

Subscriber ID # (Individual only) ______________________________

Coverage Month to Begin Paying by EFT ______________________________

Bank Name/Account Holder Name ______________________________

Bank Routing/Transit # (first 9 digits) ______________________________

Bank Account # (next 10 digits) ______________________________

The undersigned hereby authorizes Western Health Advantage (WHA) to initiate and receive payment via electronic funds transfer (EFT) from the above-referenced Bank Account. **I understand and agree: that the funds will be transferred to WHA on or about the 23rd of each month for the next monthly premium** and any non-sufficient funds (NSF) fees, reinstatement fees or overdue premiums outstanding; that this signed Authorization must be received by WHA before the 12th of the month in order to initiate EFT for the following month and will continue every month thereafter until (a) WHA elects to terminate the EFT, (b) the Group/member ceases to be insured by WHA or (c) the Group/member terminates this Authorization; and that WHA may terminate this Authorization without notice if it is notified of NSF by the bank or for any other reason. [Note: if an EFT fails due to NSF, your coverage will be terminated.] I understand that I may terminate future EFTs by notifying WHA in writing at the address above on or before the 12th of the month prior to the month I wish to terminate the EFT. All terms and conditions of the GSA/Evidence of Coverage between Group/member and WHA remain in full force and effect.

After your EFT begins, you will continue to receive paper bills. You can elect paperless bills and receive an email billing reminder for each account. To change to this option, log on to eBill at westernhealth.com.

______________________________ ______________________________
Authorized Signature Today's Date

______________________________ ______________________________
Printed Name Title

Please attach a pre-printed voided check here

(matching the bank information above)