

Automatic Bank Draft Authorization

Pay your monthly HealthTeam Advantage premiums quickly and easily!

- You do not have to write any more premium checks.
- The premium will be deducted from your bank account by the 10th of each month.
- You don't have to worry about your checks getting lost in the mail.
- Your monthly premium will be paid automatically.
- Your premium will be paid even if you are out of town.

What you need to do to authorize automatic bank draft:

- Complete the automatic bank draft authorization form below.
- If you and your spouse are both enrolling in HealthTeam Advantage, complete a form for each of you.
- While not required, we would appreciate you including a voided check.
- The below form must be received in our office no later than the last day of the month in order for the automatic withdrawal to begin the following month.

Member Information

Member Name		Member ID #	
Street Address	City	State	Zipcode
Email Address		Phone	

Bank/Financial Institution Information

Name of Bank	" Checking Account or Savings Account
Bank Account #	Routing #

***Note:** Your bank account must have sufficient funds to pay for the exact dollar amount of the premium on the agreed-upon payment date. If there are insufficient or uncollected funds in your account on the payment date, your bank will return the preauthorized payment and may charge you a returned check fee.*

If you have questions, please call your concierge at 1-888-965-1965. TTY users should call 711. We are open October 1 - March 31, from 8 a.m. to 8 p.m. EST / 7 days a week or April 1 - September 30, from 8 a.m. to 8 p.m. EST / Monday -Friday.

By signing this form, I permit HealthTeam Advantage to deduct a monthly premium amount of \$_____ from the bank account indicated above. I understand that if my premium were ever to change, HealthTeam Advantage would notify me first. I understand that I must notify HealthTeam Advantage and my bank in writing if I want them to stop deducting from my account. I understand I should notify HealthTeam Advantage if my account information changes.

Signature of account holder: _____ Date: _____

Upon Completion Mail to:
HealthTeam Advantage
ATTN: Enrollment Dept.
P.O. Box 662
Southborough, MA 01772