

## 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 10<sup>th</sup> 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.**  
**PO Box 1298**  
**Westborough, MA 01581**