



**Asuris  
Northwest Health**

A Regence Affiliate

PO Box 13368  
1121 N. Argonne Suite 200  
Spokane, WA 99212-3368

## SUBSCRIBER AGREEMENT FOR PREAUTHORIZED BILL PAYMENT

I hereby authorize Asuris Northwest Health to initiate funds transfers for the amount of monthly rate for contract coverage from my bank\* account indicated below and authorize my bank to honor these transfers.

Subscriber  
Name \_\_\_\_\_ Phone # \_\_\_\_\_

Subscriber Address \_\_\_\_\_

Subscriber Social Security Number \_\_\_\_\_

Account Name \_\_\_\_\_  
(Please print as it appears on your bank account)

Bank \_\_\_\_\_ Bank Account # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Branch \_\_\_\_\_ Branch Phone # \_\_\_\_\_

Account funds are to be transferred from:      Checking      Savings      (Please check only one)

Transfer funds on the following day of each month:      15th      25th      (Please check only one)

I understand that this agreement will remain in effect until Asuris Northwest Health has received written notice from me that it should be cancelled. This notice shall be given not less than five days before the next scheduled payment.

Payment will be deducted each month on the date selected above for the following month's rate. The deduction will also include any outstanding balance on my account.

I have the right to stop payment of a transfer from my bank account to Asuris Northwest Health. I must notify my bank at least three days before the scheduled payment date.

I agree to indemnify and hold harmless Asuris Northwest Health for any claims arising out of transfers or deductions from my account pursuant to this agreement.

I understand it may take two to three months to process this form through my bank.

Subscriber  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Holder  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**MUST ENCLOSE A VOIDED CHECK WITH THIS AGREEMENT**

\* As used herein, the term "bank" includes all types of depository financial institutions.

## **Electronic Fund Transfer Payment Option**

An automatic payment plan for Asuris Northwest Health  
Individual and Medicare Supplement members

We encourage you to consider enrolling in our Electronic Fund Transfer (EFT) payment plan. Your monthly rate payment will be electronically transferred from your bank account to Asuris Northwest Health, saving you both time and money. There is no trip to the post office and no check to write. EFT also saves you the expense of envelopes and stamps.

It's a simple way to pay your monthly plan rate by having it deducted from your bank account and paid directly to Asuris Northwest Health. Because your rate is automatically withdrawn, EFT ensures timely payments, preventing a possible lapse in coverage. And, your payments are taken care of even if you're out of town.

### **It's easy to enroll on our EFT payment plan.**

To have your Asuris Northwest Health monthly rate paid through our EFT option, just complete, sign, and return the EFT authorization form located on the reverse side of this sheet. Be sure to include a voided check from the account you wish to make payment from. A return envelope is enclosed for your convenience. Once your EFT form is processed by Asuris Northwest Health, your payments will be deducted from your account.

### **Our EFT payment plan makes life just a little simpler for you.**

EFT payment option is offered as a convenience for all Asuris Northwest Health Individual and Medicare Supplement enrollees. If you would like more information about our EFT payment option, call 1-866-704-2708.

**Note:** It may take two to three months to process the EFT information through your bank. Until then, please continue to submit your monthly rate payment directly to Asuris Northwest Health.

**To sign up for the Asuris Northwest Health EFT payment plan today, simply complete and return the form on the reverse side of this sheet.**

**Electronic Fund Transfer Form located on reverse side.**