



Return this form to: Accounts Receivable Dept.

Mailing Address: CoventryOne
Attn: A/R - ACH Dept.
PO Box 2778
Bismarck, ND 58502

Toll Free Fax Number: (866) 635-9392

Toll Free Voice Number: (866) 364-5663, Option #3

AUTHORIZATION AGREEMENT FOR ACH DEBIT

Member(s) Name: _____

Member(s) ID Number: _____

Bank account type : Checking Account Savings Account

PLEASE ATTACH A VOIDED CHECK OR VOIDED SAVINGS DEPOSIT SLIP HERE
Do not use a deposit slip for a checking withdrawal.
Checking deposit slips do not always contain the necessary routing information.
Please Note: Business Bank accounts will not be accepted
Please supply "personal" bank account information or contact your broker for more options.

Name of Bank or Savings Institution: _____ 9-Digit Routing Number: |_|_|_|_|_|_|_|_|_|

Account Number: _____ Name of Account Holder: _____

Relationship of Account Holder to the Primary Applicant: Self Spouse Other _____

Permanent Address of Account Holder: _____

Applicable Premium amount is automatically withdrawn from the account provided herein on the 10th day of each current coverage month, or next business day.

If premium payment is returned unpaid a Return Check Fee amount will be assessed in the amount of [\$20.00]. Account Holder hereby authorizes CoventryOne to collect the premium payment due, including the Return Check Fee amount, via electronic funds transfer (EFT) or automatic withdrawal from the account identified and provided herein or then current.

By signing below, I authorize CoventryOne to initiate automatic withdrawal of applicable premium payments from the account listed above.

I, the Account Holder, acknowledge and understand that it is my responsibility to notify CoventryOne, should the payment information provided herein change while a policy of coverage remains in force and effect.

Account Holder Signature: _____ Date: _____
Authorized signature for bank account

Print Name: _____ Phone No.: _____
Please print name of authorized account holder

Information About Coventry Health Care's Automatic Premium Payment Plan

What is Coventry Health Care's automatic premium payment plan?

Coventry Health Care Plan's automatic premium plan is a convenient way to make payment to Coventry. To begin, you must sign an ACH / EFT authorization form which allows Coventry to withdraw your premium from your checking account on the 10th of each month. All you need to do is to deduct the payment from your checkbook register each month.

What are the benefits of using the automatic premium payment plan?

- ◆ Your payment is taken care of even when you are on vacation or out of town.
- ◆ You do not have to worry about forgetting to mail your payment or Coventry receiving it on time.

Does my bank participate?

Coventry Health Care Plan's automatic premium payment plan can access your checking account at practically every bank, savings and loan, and credit union in the United States.

What if I change banks or bank accounts?

Call and ask us for a new authorization form, complete it, and return it to us at least 10 days before the effective date of your next scheduled withdrawal or the 1st of the effective month.

How do I terminate coverage and stop the automatic premium payment?

Termination requests must be faxed and received prior to the end of the month before the termination date (ex: Termination 02/01/08 must be received by 1/31/08). Your automatic withdrawal will not stop unless the termination request is received by the end of month prior to the next withdrawal.

Termination requests can be faxed to

**(866) 294-4301
attn: Coventry One Enrollment Department.**

If termination requests are not received prior to this date the member is responsible for any fees incurred by their bank.

How do I know the withdrawal has been made from my account?

Most financial institutions will indicate the withdrawal on your bank statement. A few institutions may include a transaction receipt or paper document with your statement.