

AUTOMATED PREMIUM PAYMENT OPTIONS

Transaction Type

<p>New/Cancel</p> <p><input type="checkbox"/> Set-up automated bank account payments</p> <p><input type="checkbox"/> Set-up automated credit card payments</p> <p><input type="checkbox"/> Cancel automated payments</p>	<p>Changes</p> <p><input type="checkbox"/> Change financial institution</p> <p><input type="checkbox"/> Change bank account number</p> <p><input type="checkbox"/> Change credit card number</p>
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Member Information

Social Security Number	Home Phone Number ()		
Name			
Street Address/PO Box	City	State	Zip

Bank Account Information

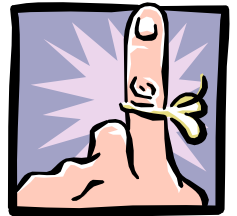
Depository Bank Name	
Address (Street, City, State, Zip)	
Routing Number (9 digits lower left corner of checks)	Account Number _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Note: Please attach a voided check from account to be billed.	

Credit Card Information

Bankcard Company Name	Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex
Credit Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Expiration Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Exact name on card	

Authorization

I authorize UTMB HealthCare Systems to automatically charge my banking account or credit card monthly for the amount of my monthly premiums. I agree that this payment method remains in effect until canceled by UTMB HealthCare Systems, my financial institution or me. I may cancel this automatic payment option at any time by writing to UTMB HealthCare Systems. I authorize the first charge to begin on <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> .	
Member Signature	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>



PLEASE NOTE:

Credit Card and Bank Drafts typically occur on the 5th of each month.

Your monthly credit card or bank statement will reflect **FHC, Inc.** as the debiting company.