



**PREMIUM PAYMENT OPTION**

**As a Samaritan Advantage Health Plan (HMO) member, you have the option of paying your monthly premium with a credit/debit card OR an automatic withdrawal from your personal bank account.**

To take advantage of one of these options, you will need to submit personal account information for our plan to begin payment of your premiums. Please check the appropriate box and complete the information requested.

**OPTION 1: Recurring Credit/Debit Card Premium Payment**

Credit/Debit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Zip Code: \_\_\_\_\_

**OPTION 2: Recurring EFT (Electronic Funds Transfer) Premium Payment**

Checking       Savings

Account Holder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Or enclose a **VOIDED** check (not a deposit slip) with an accurate account number and routing number for your bank.

**You can take advantage of the recurring credit/debit card or automatic withdrawal payments at any time during your membership.**

Return this form with your signature. Your signature verifies that you understand that you are voluntarily giving Samaritan Advantage Health Plan your account information for the sole purpose of paying plan premiums.

**PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW:**

By signing this form, I hereby declare that Samaritan Health Plans has my permission to deduct my **Samaritan Advantage Health Plan (HMO) balance** from my personal account. I understand that Samaritan Health Plans will keep this information confidential.

\_\_\_\_\_  
Member Name \_\_\_\_\_  
Member ID#

\_\_\_\_\_  
Account/Cardholder Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Office Use Only: Member ID # \_\_\_\_\_ Start Date: \_\_\_\_\_