



IDAHO INDIVIDUAL ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

Thank you for choosing to pay your PacificSource individual policy premium by electronic funds transfer (EFT). We think you will appreciate the convenience and security of this payment option.

- New EFTs take 30 days to set up. New policies may require the initial premium payment before the EFT takes effect.
- Once your EFT is set up, you will receive a letter notifying you of the date your first premium transfers. Until then, you must make any premium payments by check or your account will become past due and your policy could be subject to termination. On occasion, the second month’s premium may become due before the first transfer occurs.
- Transfers will be made for the premium balance due. If your premium is past due when your EFT begins, your first withdrawal will include your current premium as well as the outstanding amount.
- Transfers occur on the 5th of each month. If the 5th falls on a weekend or a holiday, the transfer will occur on the next business day.
- PacificSource must receive your EFT changes and cancellations in writing at least ten business days before the transfer date.
- If you have any questions, you are welcome to contact our Idaho Membership Services Department at (208) 333-1543, or toll-free at (888) 839-6888, or by e-mail at membership@pacificsource.com.

INSTRUCTIONS

- Complete the form below.
- Attach a voided check.
- Return the above to: PacificSource Health Plans, Attn: Membership Services, PO Box 5679, Boise, ID 83705.

AUTHORIZATION

We authorize and direct PacificSource Health Plans to withdraw funds as follows:

Amount of monthly withdrawal: \$ _____ *Withdrawals will occur on the 5th of each month.*

Select one: Begin transfers on the next available date Delay transfers until _____(month)

Bank information:

Bank name: _____ Account number: _____

Account Type: Checking—attach a voided check Savings—attach a voided savings withdrawal slip

This authorization will remain in effect until termination by either party. If the individual policy premium changes due to a rate increase, alternate plan selection, or age migration of the policyholder, this authorization will automatically be amended to authorize withdrawal of an amount equal to the new premium.

Policyholder’s Name (please print)

Signature of Bank Account Holder

Policyholder’s ID No. or Social Security No.

Date