

**Automatic Bank
Deduction
Authorization**



PO Box 12625
Salem OR 97309-0625

**Asuris TruAdvantage™ Basic (PPO)
Asuris TruAdvantage™ +
Rx Classic (PPO)
Asuris TruAdvantage™ +
Rx Enhanced (PPO)**

Making premium payments the easy way--without even writing a check.

With our automatic bank deduction program, your bank will automatically deduct your premium payment each month from your personal checking, savings, or money market account.

It's easy to get started. Just follow these steps:

- ◆ Complete and sign the authorization below.
 - ◆ **For checking and money market accounts** tape a preprinted check to the form below with "VOID" written across it. **Do not send a deposit slip.**
 - ◆ **For business checks** the name imprinted on the voided check must exactly match the name of the person signing this form. If it does not, we need a letter from your bank on bank letterhead stating you are an authorized signer on the business account submitted for automatic bank deduction.
 - ◆ **For savings accounts** attach a letter from your bank on bank letterhead with your account number and routing numbers or a copy of a webpage showing your name, account number, and routing numbers.
- ◆ Return the authorization to us at least 30 days prior to your next premium due date.

Authorization Agreement for Monthly Automatic Bank Deduction of Insurance Premium

Complete this form only if you want premiums deducted from your bank.

Please Print

Name of Applicant	
Subscriber ID Number or Medicare Number	
I (or we if this is a joint account) authorize Asuris Northwest Health to charge my bank account for monthly insurance premiums for the above named individual. I also authorize my bank named here to honor these monthly charges. This authority will remain in effect until I notify Asuris Northwest Health to end my monthly automatic deductions. I understand that I must give this notice in time to give my bank a reasonable chance to act upon it. I can stop payment by notifying my bank before my account has been charged.	
Name of Bank	Type of Account: (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market
Signature of Account Holder ▶	Date

**A preprinted check with "VOID" written across it must be taped to this authorization.
NO DEPOSIT SLIPS.**

**PLEASE TAPE
A PREPRINTED
VOIDED CHECK HERE**