



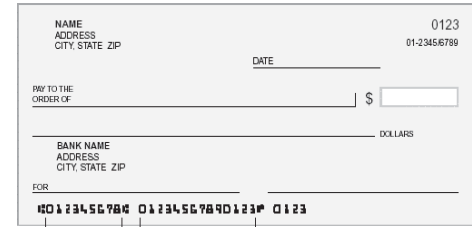
Authorization Agreement for ACH Debit/Change Method of Premium Payment

To authorize a monthly ACH debit or to request a change in the method of premium payment, please indicate which billing method you are changing to and complete all applicable information. You will then need to sign, date and return this form to Mountain Health CO-OP. *Initial binder payment must be made before monthly ACH/EFT draft can be authorized.

ACH / EFT Draft Member Name: _____ Member Number: _____

Please note: Premiums are withdrawn on the last day of the month.

Attach a voided check or savings account deposit slip to provide the banking information.
(Please do not attach a checking account deposit slip. These do not contain the correct information.)



Type of Banking Account: Checking Account Savings Account

Name of Bank or Savings Institution: _____

Digit Routing Number: _____ Account Number: _____

Name that appears on the Account: _____ Address on the Account: _____

Relationship of Account Holder to the Primary Applicant: Self Spouse Other: _____ *Note: Business bank accounts may not be accepted.*

Account Holder hereby authorizes the CO-OP to collect the total premium payment due, via automatic withdrawal from the account identified and provided herein or then current. By signing below, I authorize the CO-OP to initiate automatic withdrawal of applicable premium payments from the account listed above. I understand that it is my responsibility to notify The CO-OP if I change banks or account numbers. I further agree this authorization will remain in effect until I provide written notification terminating this service. This request must be received at least ten (10) business days prior to the next scheduled draft date.

Account Holder Signature: _____

Date: _____

Account Holder Name (print): _____

Phone Number: _____

Complete, sign, date and return completed form to:

Fax : 406-513-1045

Email : enrollmentbilling@mhc.coop

Mail: Mountain Health CO-OP Member Services, P.O. Box 5358, Helena, MT 59604

If you have questions or would like to complete over the phone, please call Member Service: 1-800-299-6080