



Electronic Funds Transfer (EFT) Agreement Form

Arranging convenient, automatic plan premium payments from your bank* account can be done in **three easy steps:**

- 1) Read this Electronic Funds Transfer (EFT) Agreement Form.
- 2) Complete this form.
- 3) **Return your completed form and a voided check (if deductions are transferred from a checking account) or a deposit slip (if deductions are coming from a savings account) to the following address:**

**Care Improvement Plus
Attn: Premium Billing Department
351 W. Camden Street, Suite 100
Baltimore, MD 21201**

Electronic Funds Transfer (EFT) Plan Premium Payment Option

Care Improvement Plus encourages you to pay your monthly plan premium using Electronic Funds Transfer (EFT). Your monthly plan premium will be electronically transferred from your bank account to Care Improvement Plus, saving you both time and money. There is no trip to the post office, no check to write, and no stamps to buy.

EFT is a simple and convenient way for you to pay your monthly plan premium and ensures timely payments, which will prevent a possible lapse in coverage. In addition, your payments are taken care of even if you're out of town.

Choosing the EFT Plan Premium Payment Option

To have your Care Improvement Plus monthly plan premium paid through EFT, complete, sign, and return this EFT Agreement Form. **Be sure to include a voided check (if deductions are transferred from a checking account) or a deposit slip (if deductions are coming from a savings account) that contains your bank account and routing number.** Once this EFT form is processed by Care Improvement Plus, your payments will be deducted from your account on or between the 5th – 7th of each month. The first deduction will also include any outstanding balance on your account.

For more information about our EFT plan premium payment option, please call 1-800-204-1002 (TTY 711), 7 days a week, 8 am to 8 pm.

* As used herein, the term "bank" on this form includes all types of depository financial institutions.

EFT Agreement

I hereby authorize Care Improvement Plus to initiate funds transfers to pay my monthly plan premium from my bank* account indicated below, and authorize my bank to honor these transfers.

Applicant/Member Information

First Name _____ Last Name _____

Member ID (if applicable) _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Bank Account Holder Information (if different from Applicant/Member information)

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Name of Bank _____

(Please print as it appears on the bank account)

Bank Routing Number _____ Bank Account Number _____

City _____ State _____

Branch _____ Branch Phone Number _____

Account funds to be transferred from (please check only one):

Checking (For EFT withdrawals from your checking account, simply attach a voided check.)

Savings (For EFT withdraws from your savings account, simply attach a deposit slip that includes your account number and routing number.)

I understand that the transfer of funds will occur between the 5th – 7th of each month. I understand the first deduction will also include any outstanding balance on my account from the effective date of my enrollment or effective date of the change to EFT. I understand I have the right to stop payment of a transfer from my bank account to Care Improvement Plus and that I must notify my bank at least 3 days before the scheduled payment date.

I agree to indemnify and hold harmless Care Improvement Plus for any claims arising out of transfers or deductions from my account pursuant to this agreement. I understand that this agreement will remain in effect until Care Improvement Plus has received written notice from me that it should be cancelled. This notice shall be given no less than 30 days before the next scheduled payment.

The diagram shows a check with the following fields: Your Name (1234 Somestreet, Anytown, USA 12345), DATE, CHECK #0001, PAY TO THE ORDER OF, \$, DOLLARS, MEMO, and MICR line (:123456789: 000123456789: 0001). The routing number and account number are circled, with arrows pointing to labels 'Bank routing number' and 'Bank account number' respectively.

The diagram shows a deposit ticket with the following fields: Your Name (1234 Somestreet, Anytown, USA 12345), CURRENCY, CHECKS, DATE, TOTAL DEDUCTIONS, \$, and MICR line (:123456789: 000123456789: 0001). The routing number and account number are circled, with arrows pointing to labels 'Bank routing number' and 'Bank account number' respectively.

Applicant/Member Signature _____ Date _____

Account Holder's Signature _____ Date _____

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