KelseyCare Advantage

AUTOMATED MONTHLY PREMIUM COLLECTION
ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

To pay your plan premium by Electronic Funds Transfer (EFT) each month, please complete and return this form to KelseyCare Advantage. Automatic withdrawals will be processed on or around the 5th of every month.

Member Information			
Member Name		Medicare Number	
Address			
City, State Zip			

Banking Information	
Bank Name	
Account Holder Name	
Account Number	
Bank Routing Number	
From Checking ☐	Please Attach a Voided Check to this Form
From Savings ☐	Please Attach a Voided Deposit Slip to this Form

I hereby authorize KelseyCare Advantage to begin withdrawing premiums from my bank account as shown above. I understand that I have a right to stop the automatic deduction by notifying my bank at any time or by written notification to KelseyCare Advantage. I understand this agreement will remain in effect until KelseyCare Advantage has received written notice from me. I agree to notify KelseyCare Advantage promptly if I change and/or cancel banks or the bank account listed above. I understand if I cancel Electronic Funds Transfer, I will receive a bill for my plan premium each month from KelseyCare Advantage.

Member Signature:_____ Date Signed:_____

If you have any questions, please feel free to contact us at (713) 442-2273 or (866) 535-8343, Monday through Sunday, 8:00 a.m. to 8:00 p.m. TTY users can call 711.

Please mail the completed form with your voided check/deposit slip to:

KelseyCare Advantage
P.O. Box 841569
Pearland, Texas 77584