

# KelseyCare Advantage



## Automated Monthly Premium Collection Electronic Fund 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 taken on or around the 5th of every month.

Member Name: \_\_\_\_\_ Medicare Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Account Holder Name: \_\_\_\_\_  
From  Checking (Please Attach A Voided Check To This Form)  
From  Savings (Please Attach A Voided Deposit Slip To This Form)  
Account Number: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

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 am. to 8:00 pm. TTY users should call 866-302-9336.

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

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