



1570 Midway Pl. • P.O. Box 120 • Menasha, WI 54952 • (920) 720-1300

Network Health Plan Premium Payment by Electronic Funds Transfer Form Financial Institution Withdrawal Authorization

Group / Individual Name: _____

Your Network Health Plan premium payment, due on the 1st of the month, will be drawn on the 7th of each month from the designated account. Should the 7th fall on a weekend day or Federal Reserve Bank holiday, the payment will be drawn on the next business day. Please be sure to deduct the premium amount from your records.

You will continue to receive your monthly premium invoice to remind you of the automatic payment. The invoice will reflect the amount of the automatic deduction.

Account Information: Please attach a voided check if you are selecting a checking account to draft from.

Financial Institution: _____

Routing Number: _____

Account Number: _____

I hereby authorize Network Health Plan to make debit entries to the above referenced account.

This authorization is to remain in full force until both Network Health Plan and the above referenced financial institution receive written notification from the account holder of its termination in a time and manner to afford Network Health Plan and the financial institution reasonable opportunity to act on it. You have the right to stop payment of a debit entry by notifying the financial institution in a time and manner to afford the financial institution reasonable opportunity to act on it prior to charging the account.

Name as it Appears on the Account

Authorized Signature _____
Date

Note: Please notify Network Health Plan immediately if any changes are necessary to this process. A fee of \$25.⁰⁰ may be assessed if an account is closed or insufficient funds are available at the time the debit is processed. Debit failure will require you to make alternate payment arrangements for the current premium month and you may need to reapply for Automated Withdrawal before processing will resume.

FAX TO 720-1904

HMO plans underwritten by Network Health Plan
Revised 1/19/2007 plans underwritten by Network Health Insurance Corporation and Network Health Plan

Affinity Medical Group • Affinity Occupational Health • Affinity Visiting Nurses • Calumet Medical Center
Franciscan Care & Rehabilitation Center • Mercy Medical Center • Network Health Plan • St. Elizabeth Hospital

A partnership of Ministry Health Care and Wheaton Franciscan Healthcare

