



SCOTT & WHITE HEALTH PLAN

AUTOMATIC PAYMENT SYSTEM (APS) AUTHORIZATION AGREEMENT

Scott & White Health Plan is hereby authorized to initiate debit entries to _____ (Group Name)

checking account indicated below for the billed monthly premium. The Financial Institution named below, hereinafter called BANK, is hereby authorized to debit the same to such account.

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NUMBER _____ Check here if this is a change in bank Information

This authority is to remain in full force and effect until Scott & White Health Plan has received written notification from the group of its termination in such time and in such manner as to afford Scott & White Health Plan a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to BANK prior to charging account. After account has been charged, a customer has the right to have the amount of an erroneous debit immediately credited to his account by BANK, up to 15 days following issuance of statement of account, or 45 days after the charge whichever occurs first.

DATE _____

GROUP NAME & # _____

PHONE NUMBER: _____

AUTHORIZED SIGNATURE _____

****PLEASE ATTACH VOIDED COPY OF CHECK****

FOR OFFICE USE ONLY

BK Transit/ABA No. _____

Certificate No. _____

APS Effective Date _____

Submitted By _____