



HEALTH INSURANCE
PARTNERSHIP

Electronic Funds Transfer Authorization Form

The Health Insurance Partnership (HIP) is pleased to offer Electronic Funds Transfer (EFT) service to HIP participants who pay monthly premiums for their entire group. With EFT, you can have your group's monthly premium taken directly from your checking or savings account. To get started, please follow the enrollment instructions below.

1. Complete the form below.
2. List the customer number that you wish to have paid by automatic withdrawal.
3. Attach a voided check showing the bank account from which to withdraw funds.
4. Mail this form and a copy of a voided check to the address on the bottom of this authorization form.

Note: **Do not send a deposit slip.** Most deposit slips don't have complete account information.

Participant Information				Are you changing your bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant name (please print)		Participant number			
Business name		Effective date of this addition or change			
Phone Number					
Bank Account Information					
Account holder's name (if different from above; please print)					
Name of financial institution			Branch address		
City	State	ZIP Code	Bank routing number		
Checking account number					
<p>I hereby authorize Harrington Health, the Third Party Administrator of the Health Insurance Partnership program, to start debits from the account identified above. This authorization is for monthly premiums only.</p> <p>I understand this remains in effect until I give written notice to the HIP, to terminate deductions, allowing reasonable time to act on my notification. If I want to change the checking or savings account that the HIP debits, I will submit a new EFT agreement at least 15 business days before the next debit.</p> <p>Debits will occur on the 20th day of each month that my employer group is enrolled in the HIP and will be in the amount of the invoiced group premium. The HIP will notify me of payments returned for insufficient funds or closed accounts, and repayment instructions.</p>					
Printed name of authorizing individual:			Signature of authorizing individual:		
X _____			X _____		
			Signature (Must be signed by account holder to authorize debit)		

To complete your authorization process:

- Make sure you have completed the form, including your signature above.
- Enclose **a voided check.**
- Send this form and your voided check to:

Health Insurance Partnership
20021 120th Ave. NE, Suite 200
Bothell, WA 98011

Remember!

You must continue to pay your premium invoices until you receive a letter from the HIP with your EFT start date. It takes about six to eight weeks for EFT approval.

You must submit a new EFT Agreement form to the HIP when your bank account information changes.

If you have questions or would like more information, call the HIP at 800-377-0976.

Electronic Funds Transfer

Q&A

Q: *What is EFT?*

A: Electronic Funds Transfer is a non-paper way of paying bills. It is safe, convenient and an automatic way to pay your monthly insurance premiums.

Q: *How do I sign up?*

A: Complete the form on the other side and return. See Enrollment Instructions.

Q: *When will the money come out of my account?*

A: The money will come out of your bank account on the day of the due date on your bill. If the due date is Saturday or Sunday, the money will come out on Monday.

Q: *How do I know how much money will come out of my account?*

A: The amount on the billing statement sent to you is the amount your bank account will be charged.

Q: *What if my bank account changes?*

A: You should send a new Authorization form with the new banking information.