Clear form

Washington State Health Care Authority
SCHOOL EMPLOYEES BENEFITS BOARD

SEBB **Electronic Debit Service Agreement**

Electronic debit service (EDS) allows SEBB subscribers to have monthly payments automatically taken from a checking or savings account. To enroll in EDS, please complete this form. Type or print clearly in dark ink. Example: J O H N

I am submitting this form to (check one):

☐ Start an EDS from my bank account. ☐ Change my EDS bank account.

! Electronic debit service is only available to SEBB retiree and continuation coverage subscribers. If you are making your first payment, you must pay by check or money order.

1 Subscriber Information

Last name, first name

SEBB account/Social Security number

2 Bank Account Information

Account holder's last name, first name (if different from above)

Name of financial institution

Branch address

City

State

ZIP/Postal code

Account type

☐ Checking ☐ Savings

Routing number

Account number

3 Signature

I hereby authorize the Health Care Authority (HCA) to start electronic funds transfers from the financial institution named above. I understand my authorization remains in effect until I give written notice to HCA, which I must do at least 15 business days before my next monthly withdrawal. If I want to change the checking or savings account that HCA withdraws from, I will submit a new *SEBB Electronic Debit Service Agreement* form at least 15 business days before the next withdrawal. Withdrawals will occur on the 15th day of each month that I have SEBB insurance coverage, and will be in the amount of my monthly invoice. If the 15th falls on a Saturday, Sunday, or holiday, the withdrawal will occur on the next business day. HCA will notify me of payments returned for insufficient funds or closed accounts, and provide payment instructions. HCA reserves the right to change or terminate this agreement as an account payment method for any reason and at any time by giving proper notice of at least 15 business days.

Signature

Date / /

! This form must be signed by the bank account holder to authorize debit service.

4 Form return instructions

To complete your authorization process:

- [ ] Make sure you have filled out the entire form, including your signature.

Questions? Call the SEBB Program at 1-800-200-1004 and choose option 4 to speak to Accounting.

- [ ] Enclose a **voided check** or a **deposit slip**, and send to:

Health Care Authority
Attn: Accounting
P.O. Box 42691
Olympia, WA 98504-2691

You must continue to pay your premiums and applicable premium surcharges until you receive a letter from HCA with your EDS start date. EDS approval takes six to eight weeks. You must submit a new *SEBB Electronic Debit Service Agreement* to HCA when your bank account information changes.