Clear form

PEBB Electronic Debit Service Agreement

Washington State Health Care Authority
PUBLIC EMPLOYEES BENEFITS BOARD

Electronic debit service (EDS) allows PEBB subscribers to have monthly payments automatically taken from a checking or savings account. To enroll in or change an EDS, please complete this form and return it to the address listed on the next page.

Type or print clearly in dark ink. Example: J O H N

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

You must submit a new *PEBB Electronic Debit Service Agreement* form to HCA when your bank account information changes.

I am submitting this form to (check one):

☐ Start an EDS from my bank account.

☐ Change my EDS bank account.

1 Subscriber information

Last name, first name

PEBB account/Social Security number

2 Bank account information

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

Name of financial institution

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 *PEBB 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 PEBB 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.

Bank account holder's 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 PEBB Program at 1-800-200-1004 to speak to Accounting.

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

Health Care Authority
Attn: Accounting
PO Box 42691
Olympia, WA 98504-2691

EDS approval takes six to eight weeks. You must continue to pay your premiums and applicable premium surcharges as invoiced until you receive a letter from HCA with your EDS start date.