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.



## **2020 PEBB Electronic Debit Service Agreement**

Electronic debit service (EDS) allows PEBB 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 black ink.

I am submitting this form to	o (check one)	:						
Start an EDS from my b	ank account.							
Change my EDS bank ac	ccount.							
Subscriber's Information								
Subscriber's name (please print)				PEBB account number or subscriber's Social Security number				
Account holder's name (if different	from above; pleas	e print)						
Name of financial institution				Branch address				
City		State ZIP		ode	Bank routing nur		nber	
	I							
Checking (Charles and	Account number							
☐ Savings (Check one)								
I hereby authorize the Health understand my authorization next monthly withdrawal. If I Electronic Debit Service Agreday of each month that I have premium surcharges. If the 1 provide payment instruction to change or terminate this anotice of at least 15 business.	n remains in eff I want to chang rement form at re PEBB insurar 1.5th falls on a S s and notify magreement as a	fect until I give ge the checking least 15 busin nce coverage, a Saturday, Sund e of payments	writte g or sa ess da and wi ay, or return	en notice to avings accou ays before the ill be for the holiday, the ned for insu	HCA, unt th he ne tota with	, which I must nat HCA transf ext withdrawal Il amount of m ndrawal will oc nt funds or clo	t do at least 15 businers funds, I will submed.  I. Withdrawals will cony monthly premiuners to the next business accounts. HCA	ness days before my mit a new 2020 PEBB occur on the 15th n and applicable siness day. HCA will reserves the right
Signature (Must be signed by the bank account holder to authorize de				ebit service)			Date	
To complete your author	orization pro	cess:					l	
Make sure you have filled out the entire form,					Enclose a voided check or a deposit slip, and send to:			
including your signature above.					Heal	Health Care Authority		
					Attn: Accounting			
				P.O. Box 42691 Olympia, WA 98504-2691				

## Remember!

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 2020 PEBB Electronic Debit Service Agreement to HCA when your bank account information changes.

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