



2020 Electronic Debit Service Agreement

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

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 black ink. Example: J O H N

1 Subscriber

I am submitting this form to: Check one

- Start an electronic debit service from my bank account.
- Change my electronic debit service bank account

Last name

First name

SEBB account number or Social Security number

2 Bank account information

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

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

Name of financial institution

Street address

Address line 2

City

State

ZIP/Postal Code

Account type: Check one

- Checking
- Savings

Account number

Bank routing number

! This form must be signed by the bank account holder to authorize debit service. See reverse side for signature information.

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 *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.

Bank account holder's signature

Date (mm/dd/yyyy)

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Form return

To complete your authorization process:

- Make sure you have completed and signed the form.
- Enclose a voided check or a deposit slip.
- Mail to: Health Care Authority
Attn: Accounting
PO Box 42691
Olympia, WA 98504-2691

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. EDS approval takes six to eight weeks. You must submit a new *Electronic Debit Service Agreement* form to HCA when your bank account information changes.

 If you have questions, call the SEBB Program at 1-800-200-1004 and choose option 4 to speak to accounting.