CHRISTUS® Health Plan

Payment Authorization Form

Primary Insured / Applicant Information

First Name	MI	Last Name	
Member Identification Number			
Billing Address		City	Zip Code
Primary Phone #		email address:	Date of Birth

Payer Information *(name/address for account or credit card holder)* SAME AS ABOVE ☐

First Name	MI	Last Name	Suffix
Billing Address		City	Zip Code
Primary Phone #		email address:	

PAYMENT AUTHORIZATION

Please select payment option for your billing cycle and payment preference for your premium payment. Payment for each product applied for or enrolled in will be drafted/charged separately against your account.

A. AUTOMATIC BANK WITHDRAWAL

Frequency	Account Type
☐ One-time ☐ Recurring Monthly Pmt ☐ Annual Pmt	☐ CHECKING ☐ SAVINGS
Bank name:	Account holder's name
Routing #	Account #

I authorize CHRISTUS Health Plan to draw the subsequent payment of $_____ from the designated account until this authorization is revoked. Draw on the _____ day of the month (1-28 only). If no election is made debits will be made on the 1st day of each month.

B. CREDIT / DEBIT CARD PAYMENT

Frequency	Account Type	CVV2 Indicator
☐ One-time ☐ Recurring Monthly Pmt ☐ Annual Pmt	☐ MasterCard ☐ Visa ☐ Discover	3 digit code on back
Card#	Expiration Date	
Cardholder's name		

I authorize CHRISTUS Health Plan to charge the subsequent payment of $_____ from the designated account until this authorization is revoked. Debit on the _____ day of the month (1-28 only). If no election is made debits will be made on the 1st day of each month.

AUTHORIZATION

CHRISTUS Health Plan (CHP) insurance is prepaid health coverage. This means you must pay your premium payment for coverage prior to the month.I hereby authorize and request CHP to initiate withdrawal entries from the account(s) and the financial institution(s) indicated above for the monthly premium payments required by the Policy and Evidence of Coverage. These withdrawals are for premium payments for the enrolled individuals listed in Step 1 of this form. This authorization is to remain in effect until CHP and/or the financial institution(s) named above are notified in writing.

Signature	Date