

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)

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

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 CHRIS	TUS Health Plan to draw the sub Draw on the day of	· · · ·	f no election is made debits	_ from the designated account until this authorization is revoked. s 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									
	IRISTUS Health Plan to charge th voked. Debit on the d		of \$ ly). If no election is made de		lesignated account until de on the 1st day of eacl				
AUTHORIZA	TION								
CHRISTUS Health Plan (CHP) insurance is prepaid health coverage. This means you must pay your premium payment for coverage prior									

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

SAME AS ABOVE