

**SUREPAY
AUTHORIZATION**



PO Box 12625
Salem OR 97309-0625

Asuris TruAdvantage™
Asuris TruAdvantage™+ Rx Classic
Asuris TruAdvantage™+ Rx Enhanced

Remember!
No need to pay now.
An invoice will be
mailed to you first.

It's SurePay...

Making premium payments the easy way--without even writing a check.

With Asuris Northwest Health's SurePay program, your bank will automatically deduct your premium payment each month from your personal checking, savings, or money market account.

It's easy to get started. Just follow these steps:

- ◆ Complete and sign the authorization below.
- ◆ **For checking and money market accounts** tape a preprinted check below with "VOID" written across it. **Do not send a deposit slip.**
- ◆ **For business checks**, the name imprinted on the voided check must exactly match the name of the person signing this form. If it does not, we need a letter from your bank saying that you are an authorized signer on the bank account.
- ◆ **For savings accounts** attach a letter from your bank on bank letterhead with your account number and routing numbers.
- ◆ Return the authorization to us at least 30 days prior to your next premium due date.

IMPORTANT - Please pay your premium by check each month until we notify you that your electronic funds transfer has been started. Processing may take up to 60 days. If any premiums are past due, we cannot start your electronic funds transfer.

If you currently have coverage, you will be sent a reminder before the first withdrawal.

If you have any questions, please call Asuris Northwest Health at 1 (800) 541-8981.

Authorization Agreement for Monthly Automatic Bank Deduction of Insurance Premium

Please complete this form only if you want premiums deducted from your bank.

Please Print

Name of Applicant	
Social Security Number of Applicant (providing this information is optional)	
I (or we if this is a joint account) authorize Asuris Northwest Health to charge my bank account for monthly insurance premiums for the above named individual. I also authorize my bank named here to honor these monthly charges. This authority will remain in effect until I send Asuris Northwest Health written notification or I give my bank notice in writing that it has ended. I understand that I must give this notice in time to give my bank a reasonable chance to act upon it. I can stop payment by notifying my bank before my account has been charged.	
Name of Bank	Type of Account: (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market
Signature of Bank Account Holder	Date

A preprinted check with "VOID" written across it must be taped to this authorization. **NO DEPOSIT SLIPS.**

**PLEASE TAPE
A PREPRINTED
VOIDED CHECK HERE**