PacifiCare®

Easy Pay Form

Now you can pay your PacifiCare SignatureFreedom℠ and PacifiCare SignatureOptions℠ Individual Plan monthly premiums automatically with Easy Pay. Automatic payment saves you time and gives you peace of mind since your premium will be paid automatically every month, by a withdrawal from your checking account, without worry about forgetting to mail a check.

How Do Preauthorized Payments Work?

When you complete and submit the authorization form on the reverse side, this allows the payments you have authorized to be withdrawn from your designated checking account. The funds are sent electronically to PacifiCare.

Note: *PacifiCare must receive a 30-day written notification prior to implementing a change or cancellation of preauthorized payments.*

When Must the Money Be in My Account?

Your bank account must have the full dollar amount due in available funds by the 6th of the month in order for the current month's preauthorized payment to be made. If your account has insufficient or uncollected funds, your bank will return the preauthorized payment and may charge you just as if you had a check returned for the same reason.

When Will My First Premium Payment Be Deducted?

PacifiCare will notify you of your initial deduction at least 10 business days prior to the transaction date. If you miss our billing cycle, you'll be invoiced by PacifiCare for one more month's premium (and must pay by check or credit card) before your first premium payment is automatically deducted. All subsequent premium payment deductions will be reflected on the statement from your financial institution and will appear as: California Commercial, followed by the amount of the payment.

With the Easy Pay Option, You'll Take Advantage of a Variety of Benefits

- No more checks to write
- Easier reconciliation of your bank account
- On-time payment whether you're at home or traveling
- Dollar savings in postage and lower check usage

To sign up for automatic payment of your PacifiCare Individual Plan monthly premium, complete and submit this form along with your application and payment for your first month's premium to the appropriate address below.

PacifiCare SignatureOptions℠ (PPO) or PacifiCare SignatureFreedom℠ (SDHP) please mail to:
Individual Plans
P.O. Box 6006
Mail Stop CY24-593
Cypress, CA 90630
Fax: 1-866-220-0855

Questions? Please call 1-800-591-9911

CM-604-66704.10
PCO7014-001 Rev. 6/04
2228-062204-CO-PLAC

PacifiCare® Easy Pay Program Authorization

The PacifiCare Easy Pay Program allows you to have your monthly PacifiCare premium conveniently deducted from your checking account. To participate in this program, all you have to do is fill out this form and sign where indicated.

- The monthly premium will be deducted on or after the 6th of the month for the coverage month.
- Be sure all areas of the form are completed and the authorization is signed by an authorized signer on the account.
- Please type or print the information in ink.
- You may be subject to a $25 administrative fee for each return payment from your bank.

Check one: ☐ PacifiCare SignatureOptions℠(PPO)/ PacifiCare SignatureFreedom℠(SDHP) new set-up

☐ Bank Account change (for current Subscribers/Insureds only) Subscriber/Insured Number: _____

Subscriber/Insured Information

Last Name	First Name	Phone #	
Street Address	City	State	ZIP

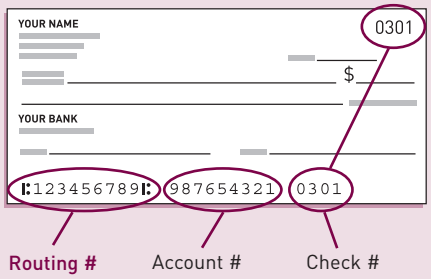
Bank Draft Authorization

Account Holder	Bank Name	State
Routing/Transit # (9 Digits) (Required)	Account # (Required) (include all zeroes and omit spaces/special characters)	Check # (Required)

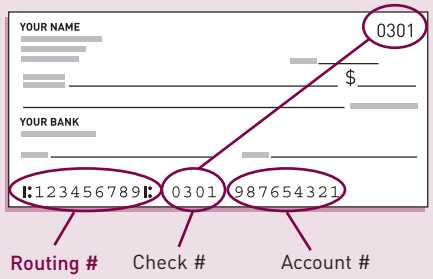
Determining Your Routing Number

To determine your routing number, refer to your personal check. **The routing number is ALWAYS 9 digits long** and it is enclosed by colons. The location of the routing number and account number on your personal check varies depending on your bank, for example:

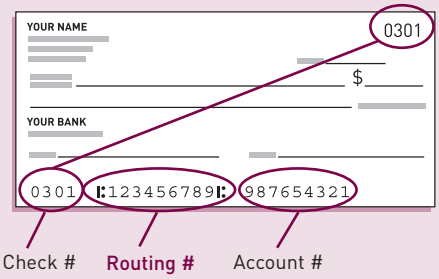
Bank 1



Bank 2



Bank 3



If you are unsure what the routing number/transit number is, your bank can assist you. If you desire, you may also enclose your voided check with this form to avoid any confusion.

Payment Authorization (this section must be completed in full)

I authorize PacifiCare to initiate debit entries to the banking account number listed above. For applications submitted electronically, the applicant and the account holder must be the same person. If not, this form will have to be printed, signed by each party and mailed to the address listed on page one.

Signature of Primary Applicant/Parent or Legal Guardian	Date
Signature of Account Holder	Date

This authorization is to remain in full force and effect until PacifiCare has received written notice of your intention to terminate this agreement.