

Bank Draft Authorization Form

Care N’ Care Monthly Premiums - On Time. Every Time.

Payment by automatic bank draft means:

- You do not have to write any more checks for your monthly premium.
- Premium is deducted from your bank account by the 5th of each month.
- You don’t have to worry about your checks getting lost in the mail.
- Never miss a payment - Your monthly premium will be paid automatically.
- Your premium will be paid even if you are out of town.

What you need to do to authorize automatic bank draft:

- Complete the automatic bank draft authorization form below.
- If you and your spouse are both Care N’ Care members, complete a form for each of you.
- While not required, we would appreciate you including a voided check.
- Authorization form must be received in our office no later than the last day of the month in order for the automatic withdrawal to begin the following month.

Note: Your bank account must have sufficient funds to pay for the exact dollar amount of the premium on the agreed-upon payment date. If there are insufficient or uncollected funds in your account on the payment date, your bank will return the preauthorized payment and may charge you a returned check fee.

Automatic Bank Draft Authorization

By signing this form, I permit Care N’ Care to deduct a monthly premium amount of \$_____ from the bank account indicated below. I understand that if my premium were to change, Care N’ Care would notify me first. I understand that I must notify Care N’ Care and my bank in writing if I want them to stop deducting from my account. I understand I should notify Care N’ Care if my account information changes.

Member Name: _____ Member ID Number: _____

Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____

Email address: _____

Bank or Financial Institution: _____

Bank Account Number: _____

Bank Routing Number: _____

Please check one: Checking Account or Savings Account

Signature of account holder: _____ Date: _____

Return Completed form to:

Care N’ Care
 Enrollment/ General Correspondence
 TMG P. O. Box 4197
 Scranton, PA 18505



Need Assistance?

Call your Healthcare Concierge toll-free at 1-877-374-7993 (TTY 711), October 1 - March 31, 8am to 8pm, CST, seven days a week or April 1 - September 30, 8am to 8pm, CST, Monday through Friday.