Easy Pay -
CareOregon Advantage Star HMO-POS

CareOregon Advantage

ACH AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL
As a service to our members, we offer automatic withdrawal of premiums.

I authorize CareOregon Advantage Star HMO-POS to withdraw, from my bank account indicated below, the rate for my monthly health insurance premium.

MEMBER NAME: (Please Print) _____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

TELEPHONE NO:_____ MEMBER ID:_____

BANK NAME:_____

☐ Check this box if you are currently set up for automatic withdrawal and are changing bank account numbers.

Explanation of check numbers:

1. BANK ROUTING NUMBER_____ 2. ACCOUNT NUMBER_____
This authorization is to remain in effect until I notify CareOregon Advantage to cancel withdrawals. (Please allow 6-8 weeks for withdrawals to end after your notice.)

SIGNATURE: _____ DATE:_____
Authorized Signature(s)

PLEASE attach a voided or canceled check, make sure all blanks above are filled in and keep a copy of this form for your files. Please maintain a bank balance with sufficient funds to cover premium charges. Your premium will be withdrawn between the 5th and the 8th of each month. If you have questions, please contact Customer Service at 503-416-4279.

Print form, complete and mail to:
Attn: Enrollment Dept.
315 SW Fifth Avenue
Portland, OR 97204