

Application for automatic bank draft withdrawal



I authorize the bank or financial organization on the enclosed check to pay my premium through electronic bank withdrawal payable to Aetna®. I authorize the deduction of up to \$300 per month to settle my current balance due. The bank or other financial organization will be fully protected in honoring these payments until written notice from me canceling this request is received at the address listed at the bottom of this form.

Member information

Member ID:		
Last name:	First name:	Middle Initial:
Permanent Residence — Street address:		
City:	State:	ZIP code:
Home phone number:		
Your signature:		Today's date:

A check must be enclosed with this request to set up automated clearing house (ACH) transfers on a checking account. A savings account direct deposit from your bank must be enclosed with this request to set up ACH on a savings account.

ACH payments are processed between the 8th and 10th of each month. Requesting ACH payment on a specific day each month is not available.

Aetna will deduct the current balance due on your account each month. By signing above, you have authorized the deduction of up to \$300 per month to cover your current balance due. If your current balance due exceeds \$300, you will be contacted to authorize the transaction.

Your request for premium deduction will be submitted for the next available payment cycle. It may take one or more months for your deduction to begin. Please continue to pay your premium invoice as long as you receive it. If this request is received without an enclosed check or savings account direct deposit form, your ACH request may not be processed. If any part of the above authorization is altered, your ACH request may not be processed.

Please contact Customer Care with any questions at **1-855-651-4856 (TTY: 711)**, 24 hours a day, 7 days a week.

Please send your completed form and enclosed check (or direct deposit form for savings accounts) to:

SilverScript Insurance Company
PO Box 30004
Pittsburgh, PA 15222-0330

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John Doe 123 Anystreet Dr. Anytown, US 12345		1234
PAY TO THE ORDER OF		Date _____
Your Savings and Loan Association Anytown, US		\$ _____ dollars
SAMPLE ONLY		
:241022233	:333962222	:1234
↑	↑	
Routing Number	Account Number	