

## Individual and Family Plan – Automatic Premium Draft Authorization Form

An Individual and Family Plan member may change the payment information for their automatic premium draft by completing this form, or by contacting the Presbyterian Customer Service Center by phone at [(505) 923-7528 or toll-free at 1-855-923-7528],  
Monday through Friday from 7 a.m. to 6 p.m. TTY 711

### RETURN INFORMATION

**SUBMIT BY MAIL:**  
 Presbyterian Health Plan, Inc.  
 Attn: Premium Billing  
 P.O. Box 27489  
 Albuquerque, NM 87125-7489

**SUBMIT BY FAX:**  
 (505) 923-5124  
 Attn: Premium Billing

### MEMBER INFORMATION

Member Name:	Member ID:	Social Security #:	DOB:	Phone Number:
Address:	City/State:	ZIP:	E-mail:	

### PAYMENT INFORMATION

**Payments:** Please select one of the following options to make prepayments  
 Credit Card / Debit Card      Automatic Bank Draft

**Credit Card / Debit Card:**     MasterCard     VISA     Discover Card

Card Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name on Card \_\_\_\_\_ Card Expiration Date \_\_\_\_/\_\_\_\_ CSV \_\_\_\_

Card Billing Address (address where you receive your card statements). Check here  if same as above

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Automatic Bank Draft -**    Checking Account      Savings Account

Name of Bank \_\_\_\_\_

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Name of Account Holder \_\_\_\_\_

### AUTHORIZATION

I hereby authorize and request Presbyterian Health Plan, Inc. (PHP) to initiate withdrawal entries from the account(s) and the financial institution(s) indicated above for the monthly premium payments required by the Subscriber Agreement. These withdrawals are for premium payments for the enrolled individuals. This authorization is to remain in effect until Presbyterian Health Plan and the financial institution(s) are notified in writing. I understand that the effective date of the payment change will be dependent on the time of month the request is made and the type of payment method requested. I understand that I am entitled to a copy of this signed form upon request. I acknowledge that I have read and understand this Automatic Premium Draft Authorization Form in its entirety.

\_\_\_\_\_  
**Name of Payer**  
*(please print)*

**X**  
 \_\_\_\_\_  
**Signature of Payer**  
*(required)*

\_\_\_\_\_  
**Today's Date**

Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY: 711) o hable con su proveedor.

SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'it'áa jiik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'áa ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éí t'áa jiik'eh hóló. Kohjì' 1-855-592-7737 (TTY:711) hodíilnih doodago nika'análwo'í bich'í' hanidziih.

For more information, visit <https://www.phs.org/nondiscrimination>.