MVP DIRECT PAYMENT PROGRAM

A More Convenient Way to Pay Your Child Health Plus Premiums!

Now you can have your monthly Child Health Plus premiums deducted automatically from your bank account. The MVP Direct Payment Program is dependable, flexible, convenient, and easy.

How the MVP Direct Payment Program Works

You authorize regularly scheduled payments to be made from your bank account by completing and returning the Child Health Plus Direct Payment Program form on page 2. Your payments will be made automatically by approximately the fifth business day of each month. Proof of payment will appear on your bank account statement.

Your payment amount will be for the exact amount of your monthly Child Health Plus bill.

The authorization you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

To take advantage of this service, complete the authorization form on the back and return it to us. If you have any questions, please call the MVP Customer Care Center at **1-800-852-7826** (TTY 1-800-662-1220), Monday–Friday, 8:30 am–5:00 pm.

All you need to do is:

1. Provide all of the information on page 2 and sign where indicated.
2. Attach a voided check for verification of all financial institution information.
3. Mail your signed and completed form with a voided check to:

   ATTN: ACCOUNTS RECEIVABLE
   MVP HEALTH CARE
   303 S BROADWAY STE 321
   TARRYTOWN NY 10591-5455
4. MVP will mail a letter of confirmation that your information has been received and we will let you know the date the first auto debit will take place. Until you receive the confirmation letter, please continue to pay your monthly premium payments by check, money order, or online at **www.mvphealthcare.com**.
5. **Please don't forget to sign and date the authorization form and include a voided check.**

MVP® HEALTH CARE

Child Health Plus Direct Payment Program

Enrollment, Change, or Cancellation Request

Check one:

☐ **NEW direct payment authorization.** Please provide all of the information requested below to activate your direct payment plan. You must attach a voided check below, sign this form, and return it to MVP by mail to the address below.

☐ **CHANGE to an existing direct payment authorization.** Please provide all of the information requested below to make a change to your direct payment plan. You must attach a voided check below, sign this form, and return it to MVP by mail to the address below.

☐ **CANCELLATION of a direct payment authorization.** Please complete the Member Information section below and return this signed form to the address below.

MEMBER INFORMATION

Head of Household Name

Street Address

City State Zip Code

Daytime Phone Number MVP Member Number

AUTHORIZATION FOR DIRECT PAYMENT

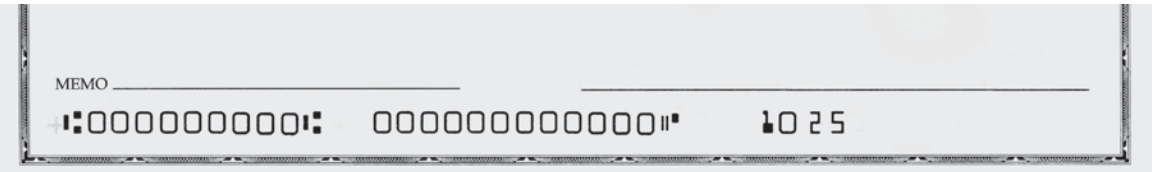
Financial Institution Name (please print)

Financial Institution City and State

Financial Institution Routing/Transit Number (9 digits) Ⓐ

Account Number at Financial Institution Ⓑ

▶ Attach Voided Check Here ▶



9 Digit Routing/Transit Number **Account Number**

I hereby authorize MVP Health Care to withdraw by the fifth business day of each month the amount due to MVP Health Care for the provision of health benefits. That in the case of an automatic bank debit form of payment, it shall be the Customer's responsibility to verify whether these payments are properly debited to their bank account, and the Customer will undertake to notify MVP Health Care of any change in information relating to the Customer's bank account for purposes of ensuring the proper application of payments. I acknowledge that the origination of Automatic Clearing House (ACH) transactions to my account must comply with the provisions of U.S. law. The authority will remain in effect until I have cancelled it in writing to MVP Health Care.

Account Holder's Signature *Date*

Mail this completed form to: ATTN: ACCOUNTS RECEIVABLE
MVP HEALTH CARE
303 S BROADWAY STE 321
TARRYTOWN NY 10591-5455

You will receive a letter to confirm your request. Please keep a copy of this form for your records.

Office Use Only Date Received Date Entered