



Electronic Funds Transfer (EFT) Authorization Form

RxAmerica offers the option of having your Medicare Part D premium paid automatically by being taken directly from your bank account in a process called an Electronic Funds Transfer or EFT. It's a convenient way to pay your premium each month. Here's how the program works:

- Each month, your premium statement will be sent to you, showing the minimum amount due, and the due date.
- Around the 25th of each month, the minimum payment due shown on the statement will be automatically withdrawn from your checking or savings account.

To begin the EFT program, simply enter your name and RxAmerica Member ID Number below, sign, date, and return the completed form **with a voided check** to the address shown.

We appreciate your interest in the EFT program and hope it makes paying your Part D premium each month a little easier. If you have additional questions about this program, please call Customer Care at 1-800-429-6686. TTY users should call 1-877-279-0371.

Thank you,
RxAmerica



PLEASE COMPLETE AND RETURN THIS PORTION

Electronic Funds Transfer (EFT) Authorization

Attach voided check here

Member Name (as shown on Account): _____

RxAmerica Member ID Number: - - - - -

Bank Name: _____ Type of Account: Checking Savings

MAIL TO:
<RxAmerica
Attn: Finance Department
PO Box 22690
Salt Lake City UT 84122-0690>

I hereby authorize RxAmerica to debit my bank account in order to pay my RxAmerica Medicare Part D premiums. A withdrawal of the minimum amount shown as due on my premium statement will be made from my account on the 25th (or if the 25th is not a business day, the next business day) of the month prior to the due date shown on the coupon portion of the premium statement. I understand that this authorization will remain in force until cancelled in writing by me, my bank or RxAmerica.

Please sign and date below:

Signature: _____ Date: ____/____/____