



DIRECT PAYMENT IS NOW AVAILABLE!!!

Cox Individual Health Plans would like to offer you the option of having your monthly premium automatically withdrawn from your checking or savings account.

This option is **FREE!** There is no service charge for using this payment method. It's **Convenient!** No more hassle with writing a check each month and making sure it gets to the Post Office in time. It's **Safe and Secure!** Bank account information is safeguarded; payment information will NOT be disclosed for any reason other than processing this transaction.

Participating in Direct Payment is Easy!

- ✓ Just complete the enclosed Authorization Agreement.
- ✓ Attach a voided check to the Authorization Agreement. Please note that we must have a check. No deposit slips will be accepted.
- ✓ Your savings or checking account will be debited on the 1st of each month.
Keep in Mind, in order to begin your automatic withdrawal from your bank account on the 1st, we must receive your Authorization Agreement (the attached form) in our office no later than the 20th of the previous month.

You will continue to receive a monthly invoice. If you have direct deposit, this statement will only be to advise you of the amount that will be debited from your account.

All debits will be made on the 1st of each month. If for any reason your account has insufficient funds, another attempt will be made to withdraw money from the account. Please note that if after two attempts funds are not available, your policy will be terminated. In the event that you would need to terminate or change your account information, please contact our office. Please note that it may take up to 10 working days to change account information.

If you have additional questions, please feel free to contact our office at **417-269-4679** or **800-664-1244**.



COX HEALTH SYSTEMS INSURANCE COMPANY
PO BOX 5750
SPRINGFIELD, MO 65801-5750

**AUTHORIZATION AGREEMENT FOR INDIVIDUAL
DIRECT DEBIT**

MEMBER NAME _____

New Application Change account information Terminate Direct Debit

I (we) hereby authorize Cox Health Systems Insurance Company ("Cox") to initiate debit entries, and the Financial Institution named below to debit, my/our Checking/Savings account in the amount of my/our monthly premium on the 1st of each month, which shall be applied by Cox for the payment of my/our health insurance premium. **I/We acknowledge and agree that the timely payment of premiums is my/our sole responsibility and that Cox is not responsible for a policy cancellation due to nonpayment if the direct debit request is presented but not honored or for any other reason the premium is not timely paid.**

FINANCIAL INSTITUTION _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authorization to debit my/our account will remain in full force and effect until Cox and the above-named Financial Institution receive written notice of termination from me (or either of us), which is effective ten (10) days after receipt or first date on which Cox and the Financial Institution have a reasonable opportunity to act on it, whichever is later.

NAME(S) _____

SIGNED _____ DATE _____

SIGNED _____ DATE _____

Attach voided check here