MEDICAL ASSOCIATES

AUTHORIZATION FOR AUTOMATIC TRANSFER OF FUNDS

The Automatic Direct Payment Program allows you to have your Medical Associates Health Plan (MAHP) Medicare premium automatically transferred from your checking or savings account on a monthly basis on or around the 10th of each month. Any transfers that are not possible due to insufficient funds will be your responsibility and will need to be paid by check to our office.

If you have any questions, please contact the MAHP Finance Dept. at 563-556-8070 or 1-800-747-8900, Monday-Friday, 8:00 a.m. to 5:00 p.m., CST. (TTY 1-800-735-2942.) Please complete and sign this form; return to the Medical Associates Health Plans (MAHP) office by fax at 563-556-5134, by email at AR@mahealthcare.com or by mail to:

Medical Associates Health Plans
Attn: Finance Dept.
1605 Associates Drive, Suite 101
Dubuque, IA 52002

My signature below authorizes MAHP to instruct my financial institution to deduct my monthly premium payment from the account designated below. I authorize the financial institution to debit the amount of my monthly premium from my designated account. This authorization is to remain in full force and effect until MAHP has received written notification from me of my termination in such time and in such manner as to afford MAHP and the financial institution a reasonable opportunity to act on it.

Member Name (print name): _____

Address: _____

Effective Date: _____ MAHP Member ID (current members only): _____

Date of Automatic Transfer: **10th of each month** ☐ Checking Account ☐ Savings Account

Bank/Financial Institution: _____

Routing Number: _____ Account Number: _____

Member Signature: _____

For Checking Account – Please attach a voided check