



Automatic Premium Payment Authorization Form

ATRIO Health Plans' automatic payment plan offers the convenience of paying your monthly health care premium automatically with a credit/debit card or an automatic withdrawal from your checking account.

To set up automatic monthly premium payments, you will need to **select one** of the options below.

OPTION 1: Monthly credit/debit card premium payment

Credit/Debit Card Number:			
Expiration Date (mm/yy):		*CVN code:	
Cardholder Name:			

*Located on the back side of your card. This is a 3 digit code on VISA, MasterCard and Discover cards, and a 4 digit code on American Express cards.

OPTION 2: Monthly checking withdrawal premium payment

Bank Name:			
Routing Number:			
Account Number:			
Account Holder Name:			

Member information

MEMBER NAME (please print) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MEMBER ID: _____

Authorization

By signing this form, I declare that ATRIO Health Plans has by permission to deduct my monthly health care premium according to the option selected above. This authorization will remain in effect until I notify ATRIO Health Plans in writing of my desire to cancel such authorization. I understand that monthly premiums will be deducted around the 5th of each month.

Member Signature: _____ **Date:** _____

Please mail this form to:

ATRIO Health Plans
2270 NW Aviation Drive, Suite 3
Roseburg, OR 97470

You may also deliver this form in person to our Roseburg or Salem office:

Roseburg 2270 NW Aviation Drive, Suite 3 Roseburg, OR 97470	Salem 2965 Ryan Drive SE Salem, OR 97301
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