

FirstCommunity Senior Select Makes Everything Easier. Even Paying!

Want one less thing to worry about?

Then consider Automatic BankDraft—our pre-authorized premium payment service.

Automatic BankDraft allows your financial institution to make automatic deductions from your personal checking account and send them directly to *FirstCommunity* Senior Select for payment of your health care coverage. That means one less monthly check to write. So you save postage and check costs. And you don't have to worry about forgetting. Best of all, this convenient service doesn't cost you a thing.

To start Automatic BankDraft premium payment, just follow these steps:

Step 1: Complete and sign the Authorization Form below

Step 2: Return the Authorization Form below with a **blank voided check** to:

FirstCommunity Senior Select • ATTN: Billing/Enrollment Dept. • P.O. Box 2887 • Huntsville, AL 35804-2887

After we've received your completed Authorization Form and a blank voided check, it will take 30 days to process your application. Please continue to send your premium until you are notified when the Automatic BankDraft will begin. The automatic deduction is made after the fourth day of each month. The debit will appear on your monthly statement and may be listed as an "electronic debit."

Automatic BankDraft Authorization Form for *FirstCommunity* Senior Select (PLEASE PRINT)

Name _____ Phone _____

Social Security Number _____

Financial Institution _____

City _____ State _____ Zip _____

Checking Account Number _____

I acknowledge that I have read the provisions below and hereby authorize *FirstCommunity* Senior Select to electronically withdraw my payment.

Signature _____ Date _____

(Must be an authorized signer on the checking account.)

IMPORTANT: Please enclose a blank voided check from your account, along with this Authorization Form.

The Provisions Under This Agreement

This authority remains in effect until *FirstCommunity* Senior Select (FCSS) and BANK (financial institution) receive written notification from me of its termination in such a time and manner as to give FCSS and BANK a reasonable opportunity to act on it (30 days). I have the right to stop payment of fee deduction by notification to BANK in time to give BANK a reasonable opportunity to act on my request prior to charging my account. After my account has been charged, I have the right to have the amount of an erroneous deduction immediately credited to my account by BANK, provided I send written notice of such erroneous deduction to BANK within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

Authorization Agreement for *FirstCommunity* Senior Select Automatic BankDraft

I authorize *FirstCommunity* Senior Select to initiate fee deductions from the checking account above and the named bank (or financial institution) to charge such deductions to my account in accordance with the terms and conditions listed above.



FirstCommunity Senior Select is a product of
FirstCommunity Health Plans, Inc.
(256) 532-2783 or toll free 1-800-734-7826
Fax (256) 532-2790
www.firstcomm.org