Bill paying doesn't have to be time-consuming when you choose automatic withdrawals by Electronic Funds Transfer (EFT) from your bank account or payment by credit card. Some of the benefits include:

FREEDOM No worries about mail delays, lost or late payments

No more checks to write

No more stamps to buy

CONVENIENCE Less paperwork. We will draft your insurance premium approximately the same

day each month and your payment will be on time every month.

SECURITY EFT Payments are automatically withdrawn from your checking or savings account

through a secure file exchange between your bank and insurance company. Your

information stays private and you stay safe from identity theft.

Complete the form below and return it with your payment voucher.



#7896D 0418

Spend time doing the important things in your life

(not paying bills)



CA Lic. #0252636

DETACH & MAIL

If you have questions about this form from your union provider you may also contact Debb Jachens at CSEA Member Benefits at 408-433-1309.

Automatic Payment Form

/talonato i aymont i om		
Policyholder Name: Member ID. No:		ber ID. No:
Electronic Funds Transfer (EFT):	☐ Checking Account (Enclose VOIDED check)	☐ Savings Account (Enclose Deposit slip)
, , ,	urance premium from the financial account indicated changes, I will notify the plan administrator in writing	above on a monthly basis. If I wish to discontinue this g.
Signature: (as it appears on account) X_		
Credit Card Billing: Month	ly 🗆 Quarterly	
☐ MasterCard ☐ VISA	Card Number:	Expiration Date:/
Name: (as it appears on card)	Signa	iture:

I authorize charges against this credit card for the purpose of collecting insurance premium payments due under this plan. If I wish to discontinue this authorization, or my credit card changes, I will notify the plan administrator in writing.