



3100 Easton Square Place
Suite 300
Columbus OH 43219
Phone: 800-240-3851
Fax: 833-256-2871

Electronic Funds Transfer (EFT) Payment Option

IF YOU ARE ALREADY ENROLLED IN EFT AND ARE NOT CHANGING YOUR BANK INFORMATION, PLEASE DO NOT RESUBMIT THIS FORM.

What is EFT?

Electronic Funds Transfer (EFT) allows Trinity Health Plan Of New England (HMO/PPO) to electronically withdraw your monthly premium payments directly from your bank account around the 10th of every month.

How do I start EFT?

Complete and return this form and attach a voided check or savings deposit slip where indicated below, for the account listed on the form. If your check or savings deposit does not include your account number and routing number, then you may provide a letter from your bank with this information. Your first EFT will occur on or around the 10th of the month following Trinity Health Plan Of New England's receipt of this form. Please note: Any and all past due premiums (if applicable) will also be withdrawn from your account at that time.

Return this completed form to: Trinity Health Plan Of New England-Premium Billing Dept. 3100 Easton Square Place Suite 300 – Health Plan, Columbus, Ohio 43219

Membership Information

First Name	Last Name	Middle Initial
Street Address	City	State
Zip	Phone Number	Member ID

Bank Information

Full Bank Name		
Street Address	City	State
Routing Number	Account Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Please check if this is a bank change.

Turn page – More Information on Back

I hereby authorize Trinity Health Plan Of New England, hereinafter called COMPANY, to initiate debit entries to the account indicated above and the depository named above, hereinafter called DEPOSITORY, to debit the same such account. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and such manner as to afford COMPANY a reasonable opportunity to act on it.

Bank Account Holder Signature	Date
--------------------------------------	-------------

PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

What are the advantages of EFT?

Simply put, you'll save time and money. You'll no longer need to remember to write a check each month and mail it to Trinity Health Plan Of New England.

What happens if I change banks?

Please notify us in writing or by calling Member Services. We will send you a new authorization form to complete, sign and return to us along with the voided check or savings deposit slip from your new account. Please check the box on the form indicating you have changed banks.

Trinity Health Plan Of New England (HMO/PPO) is a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on contract renewal. Benefits vary by county. Trinity Health Plan Of New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, sex (defined as sex at birth, legal sex and/or sex stereotyping), and gender (includes gender identity, gender expression and/or pregnancy). ATENCIÓN: is habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-240-3851 (TTY: 711). 注意:如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-240-3851 (TTY: 711).