AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

MASS ADVANTAGE

From Checking or Savings Account

Submit this form to have your Mass Advantage premium payments automatically deducted from your checking or savings account. Submit one form for each applicant.

Contact Information

If any information is missing, we will return this form to you for completion. For questions regarding this form, please call the number on the back of your ID card. 8 a.m. to 8 p.m. Eastern time, seven days a week from October 1 through March 31. From April 1 through September 30, we are available Monday through Friday from 8 a.m. to 8 p.m. Eastern time. TTY users should call 711.

Please mail form to: Mass Advantage, PO Box 219975, Kansas City, MO 64121-9975.
Fax to (816) 502-4585

Customer Information

_____

Mass Advantage Member Name and Enrollment ID Number (located on your ID card)

_____ _____

Account Holder Name Telephone Number

_____

Address (include Apt. #)

_____ _____ _____

City State Zip

_____ _____ _____

Bank Name Account # Routing #

Please deduct my monthly Mass Advantage premium from my (check one of the following):

☐ Checking Account ☐ Savings Account

I authorize Mass Advantage to withdraw the premium I owe from my checking or savings account. This automatic withdrawal will remain in effect unless I notify Mass Advantage in writing to cancel. I understand it will take time for both Mass Advantage and my bank to cancel this withdrawal after I request it.

Please allow up to four weeks to process your application. Please pay any premium bill you receive while your application is processed. Do not send your premium payment with this form. Please send your payment to the address on your payment coupon.

Mass Advantage is a Medicare Advantage organization with a Medicare contract offering HMO and PPO plans. Enrollment in Mass Advantage depends on contract renewal.