



130 DeSiard Street, Suite 300  
 Monroe, LA 71201  
 (844) 833-7505 Phone  
 (318) 361-2178 Fax

## Authorization Agreement for Automatic Bank Drafts / Credit Card Charges – Exchange Members

NAME: \_\_\_\_\_ MEMBER ID: \_\_\_\_\_

For purposes of paying\* for my health insurance coverage, I (We) hereby authorize VANTAGE HEALTH PLAN, INC., hereinafter called VANTAGE, to initiate debt entries and to initiate, if necessary, credit entries and adjustments for any debt entries in error to my (our)

(choose one)     Checking                       Savings                       Credit Card

I understand and agree that entries or adjustments will take place on the 25<sup>th</sup> of each month to the credit card/bank account listed below. If the 25<sup>th</sup> falls on a weekend or holiday, entries or adjustments will occur on the next business day.

*\* NOTE: The amount to be drafted/charged can vary month-to-month depending upon determinations made by the federal government through the Centers for Medicare and Medicaid Services (CMS). VANTAGE is not responsible for any loss a member may incur resulting from CMS changing the amount owed by a member for health insurance coverage through the Exchange.*

**BANK ACCOUNT (PLEASE ATTACH A VOIDED CHECK TO THIS FORM BEFORE RETURNING)**

*Note: A \$35.00 fee will be charged for all bank draft transactions returned due to insufficient funds.*

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Transit Routing ABA/Number (9 numbers on left of check): \_\_\_\_\_  
 Account Number: \_\_\_\_\_

**CREDIT CARD**

Type (choose one):     Visa                       MasterCard                       Discover

Name as it appears on card (please print): \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I agree that this authorization is to remain in full force and effect until VANTAGE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford VANTAGE and BANK / CREDIT CARD ORGANIZATION a reasonable opportunity to act on it.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
 E-mail: \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

This form, along with a voided check, may be returned via mail or fax at the above address.  
 If you have questions, please call Member Services at (318) 361-0900.