



# Authorization Agreement for Automatic Debit

www.hcgaz.com • 602.417.6755 • 800.247.2289 (outside Maricopa County)  
701 E. Jefferson St. • MD 1400 • Phoenix, AZ 85034

A State-Sponsored Health Plan

- New Request
- Change Request
- Terminate Authorization

Business Name \_\_\_\_\_

Group ID \_\_\_\_\_

I/We hereby authorize Healthcare Group of Arizona (HCG) to initiate monthly deductions from my/our checking or savings account indicated below, for amounts necessary to pay my/our HCG group healthcare coverage premium from the financial organization indicated. These deductions will be made on the due date of the premium.

Name of Bank, S&L or Credit Union: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

**Type of account:**  Checking (enclose an original or copy of a voided check)  Savings (enclose deposit slip)

I/We understand this authority is to remain in full force and effect until HCG has received written notification from me (or either of us) of its termination in such time and such manner as to afford HCG and depository up to three months to act on it. **I/we approve an increase or decrease in automatic deductions to my medical group plan. Furthermore, I/we agree to maintain an adequate balance in my/our checking/savings account to cover my/our group medical premiums. Failure to do so will be considered non-payment of premium and coverage will be terminated.**

Name (please print) _____	Date _____
Signature _____	Date _____
Name (please print) _____	Date _____
Signature _____	Date _____
Daytime Phone _____	

You will be notified on your billing statement that your premium will be processed by automatic debit.  
The statement will indicate: "AUTOMATIC DEBIT NOTIFICATION".  
**Continue to send checks for your premium payment until you receive your first automatic debit notification.**

**PLEASE BE SURE TO INCLUDE AN ORIGINAL OR A COPY OF A VOIDED CHECK OR DEPOSIT SLIP FROM YOUR ACCOUNT, OR THERE COULD BE A DELAY IN PROCESSING.**  
(Copies of these items will be accepted)

**Mail:**  
701 E. Jefferson St.  
MD 1400  
Phoenix, AZ 85034

**Fax:**  
602.417.6798

**Questions:**  
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**FAQs Regarding Automatic Debits****How does automatic debit work?**

- With automatic debit, your premium payments will automatically be deducted from your checking or savings account at no extra cost to you.

**How do I sign up?**

- Complete the Authorization Agreement for Automatic Debit form on the reverse of this sheet. Send it to Healthcare Group of Arizona (HCG) along with one of the following:
  1. Include an original or copy of a voided check if payment is to be deducted from your checking account.
  2. Include a savings deposit slip if payment is to be deducted from your savings account.
- Faxed copies of the Authorization Agreement for Automatic Debit form, a check or deposit slip will be accepted.
- Only one automatic debit will be authorized per employer group (and must include premium for all participating employees).

**How will I know when the automatic debit will begin?**

- It will take approximately 45 days for your first debit to be processed. You will receive an Automatic Debit Notification on your billing statement from HCG that will include the date of your first automatic debit.
- Be sure to continue sending your premium payment by check until you receive the HCG automatic debit notification.

**How much will be deducted from my account?**

- The amount deducted from your account will be the same amount reflected on your Automatic Debit Notification from HCG. Any adjustments (adding new employees/dependents, terminating employees, etc.) that have been made to your account after the billing statement has been mailed may change the upcoming automatic debit amount, however won't be reflected until the next month's billing notification.
- Any past due amount must be paid by another form of payment before the upcoming automatic debit will be processed.
- Past due amounts are outstanding balances for plan adjustments (listed above) which create an amount due for premiums which may have already been paid for the current service month.

**If I want to add an employee or dependent, can you deduct their two-month premium from my automatic debit account?**

- No as these are considered two separate transactions

**What happens if there are insufficient funds in my account when the automatic debit takes place?**

- If HCG receives notification that there are insufficient funds in your account to cover the automatic debit of your premium payment, you will immediately be taken out of the HCG automatic debit system. You will receive a notification letter from HCG stating that continuance of your healthcare coverage requires that you submit a cashier's check or money order for the premium payment amount within a specified time frame.
- If you are interested in re-applying for the automatic debit payment option, a 60-day waiting period is required and approval will be at the discretion of HCG.

**What should I do if I want to change my bank account?**

- Resubmit the automatic debit notification paperwork listed above with the updated bank account information.
- Allow 15 days prior to the premium date for the change to be processed for a different account within the existing banking institution. Allow 30 days for processing for account changes to a different banking institution.

**How do I cancel my automatic debit?**

- Complete the Authorization Agreement for Automatic Debit form and select "Terminate Authorization" or send a letter with your business name and HCG Group ID requesting cancellation of your automatic debit and the date for cancellation.
- Allow at least 15 days prior to the due date for the cancellation to be processed.