

Automatic Premium Payment Form

Here's how to complete the form.

1. Find your bank's routing and account number on one of your checks (see diagram below) or a savings account withdrawal slip. Do not include the check number when you write your bank account number below.
2. Include the Account owner's name and signature.
3. Return the completed form with a voided check or savings account withdrawal slip along with your enrollment application to Nancy Martin, Hanover County Human Resources.

Humana's Member Name	Phone Number	Bank Name
Bank Phone Number	Bank Account Number	Bank 9-digit Routing Number
Name of Account Owner (please print)	Date	Account Owner Signature

I authorize the Family of Humana Health Plans (company) as appropriate to the coverage I have, to initiate debit entries to the checking or savings account indicated above, and the bank named above, to debit the same. This authorization is to remain effective until the company or the Bank has received notification from me of its termination. I authorize the company to change the written amount of the debit, if written notice is provided to me at least 30 days in advance of the change.

486		
Pay	_____ 20__	
to the		
order of _____	\$ _____	

Routing Number	Account Number	Check Number
122235409	541 042 90	486