



PacificSource Community Health Plans
 2965 NE Conners Avenue, Bend OR 97701
 541.385.5315 888.863.3637
 Medicare.PacificSource.com

Automatic Deduction Request Form

Please use this form to allow PacificSource Medicare to complete monthly withdrawals from your bank account.

Member Information	
Member Name: (First, M.I., Last)	DOB:
Member ID:	Phone:
Authorization for Automatic Deduction	
<p>Monthly withdrawals will be made on the fifth of every month from my bank account. The deduction will also include any unpaid balance on my account. When the fifth falls on a weekend or a holiday, the transfer occurs the next business day.</p> <p>I have the right to stop payment of a transfer from my bank account to PacificSource Medicare. I must notify PacificSource Medicare no later than 30 days before the deduction date. Please contact customer service at the phone number or address above.</p> <p>I agree to indemnify and hold harmless PacificSource Medicare for any claim coming out of transfers or deductions from my account due to this agreement. I understand that it may take time to process this form through my bank. I agree that until then, I will continue to submit my monthly premium payment directly to PacificSource Medicare.</p> <p>Account funds are to be transferred from: Checking - (please attach voided check, deposit slips are not accepted)</p>	
Signature	
Member Signature:	Date:
Accountholder Signature:	Date:
Accountholder Name: (First, M.I., Last)	

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal.

PacificSource Community Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PacificSource Community Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 863-3637, TTY: (800) 735-2900.

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 (888) 863-3637, TTY: (800) 735-2900。