

Please complete the following form if you wish to have your monthly premium payment automatically withdrawn from your bank account. This is an optional free service for your convenience. "Sure Pay" allows KPS to arrange with your bank a transfer of sufficient funds on or about the 10th of each month for the following month's coverage. The funds transfer will appear on your monthly bank statement, and KPS will notify you in advance if there is to be any change in the amount of your premium.

PLEASE NOTE: **Payment for the first month's premium is required with your application.** After your application is approved, it may take approximately one month to complete the "Sure Pay" arrangement with your bank. If you receive any premium bills, it means the funds transfer process has not been completed and you should make the payment. The "Sure Pay" system will then take effect for the following months and you will no longer receive bills.

Authorization Agreement for "Sure Pay" Premium Payment

I hereby authorize KPS Health Plans to initiate funds transfers from my bank account listed below and authorize my bank* to honor these transfers.

I understand that this agreement will remain in effect until KPS Health Plans has received written notice from me that it should be cancelled. This notice shall be given two weeks prior to the next scheduled payment.

I have the right to stop payment of a transfer from my bank account to KPS Health Plans and must notify my bank at least two weeks before the scheduled payment date. Funds transfers are scheduled to be made on or about the 10th of each month, **prior to the month of coverage.**

NAME _____
(Please print as shown on your bank account) _____

KPS ID# _____
(If not issued yet, leave blank)

SIGNATURE _____

DATE _____

* As used herein, the term "bank" includes all types of financial institutions, including commercial banks, savings banks, savings and loans, credit unions, etc.

Please attached a **voided check** for the bank account from which you are authorizing "Sure Pay" transfers, and return via mail or in person to:

KPS
health plans
PO Box 339
400 Warren Avenue
Bremerton, Washington 98337
www.kpshealthplans.com