



Electronic Funds Transfer (EFT) Form

Directions: Print your name exactly as it appears on your checking account and sign where indicated. EFT requests may take up to three months to process. A monthly statement requiring payment will be sent until your EFT request is processed.

Please attach a voided check (NO DEPOSIT SLIPS) to this form for verification of bank information.

Applicant's Name (Please Print) _____ Bank Name _____

Routing Number _____ Account Number _____

Member ID Number _____

Applicant's Signature _____

Date _____

****CANNOT BE A SAVINGS ACCOUNT****



Routing Number

Account Number

Check Number

H3664_CY15_EFT

PrimeTime Health Plan is an HMO-POS plan with a Medicare contract. Enrollment in PrimeTime Health Plan depends on contract renewal.

You must continue to pay your Medicare Part B premium.

- P.O. Box 6905-0905 / Canton, OH 44706
- PHONE: 330-363-7407 / TOLL FREE: 1-800-577-5084
TTY LINE: 330-363-7460 / 1-800-617-7446 for the hearing impaired
- Fax: 330-363-7714
- WEBSITE: www.primetimehealthplan.com