

## AUTOMATIC PAYMENT OPTION (ACH)

### What Is It?

- A safe and easy method for you to make your monthly or quarterly premium payment to Minnesota Comprehensive Health Association (MCHA).
- A cost saver that eliminates the need for writing checks, saves you postage costs and allows you to pay your premium 5 days after the bill's due date.
- Ensures that your premium payment is received on time (no postal delays) and eliminates posting delays to your account. Your premium will not come out of your account for monthly premiums before the 5<sup>th</sup> of each month, or for quarterly premiums, before the 5<sup>th</sup> day of the first month of each quarter (January, April, July and October).

### How Does It Work?

- Fill out the form on the backside of this page completely and attach a voided check or savings account deposit slip to it. Send the completed form with your next premium payment or send the form to the address/fax number listed. List the member number that you wish to have paid by Automatic Payment Option (ACH).
- Your payments will need to be sent manually during the processing period.
- Your first bill that notes **Draft Notice** (instead of Invoice) at the top of it is your first month/quarter of automatic withdrawal. The money will come out of your account on the 5<sup>th</sup> of the month when your premium is due.
- To cancel quarterly automatic withdrawal, simply send **written** notice (to the payment address on your bill), so it is received by the 20th day of the month. This will prevent an ACH withdrawal on the 5th day of following month. Monthly premiums require payment via Automatic Payment Option (ACH).

If you wish to speak to someone regarding this process, please call our **MCHA Billing Department** at 1-800-892-8354 and select option 3. For members with hearing impairments, please contact our TTY at 1-800-841-6753.

A **Draft Notice** will be sent to you prior to the funds being withdrawn from your account. Your monthly/quarterly premium payment will be deducted, from the financial institution and account identified on this form, on the 5<sup>th</sup> of the month or the next business day following the 5<sup>th</sup> of the month, when the premium is due.



**AUTOMATIC PAYMENT OPTION**  
**(ACH)**

**YES**, I authorize MCHA/Medica and the bank named below to initiate monthly/quarterly withdrawals from my checking account or savings account. The authority will remain in effect until I notify MCHA/Medica and my bank at least 30 days before my account is charged. I understand the terms and conditions on the front and back of this form.

Monthly Premium Payments\_\_\_\_\_ or Quarterly Premium Payments\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Member Number

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Phone Number of Financial Inst.

\_\_\_\_\_  
Address of Financial Institution

\_\_\_\_\_  
City, State, Zip Code of Financial Inst.

\_\_\_\_\_  
ABA Routing Number of Financial Inst.

\_\_\_\_\_  
Checking or Savings Account Number

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**Please return this complete form to:**

MCHA / Medica, Mail Route MN015-2838, 4316 Rice Lake Road, Duluth, MN 55811.

**Or fax** to MCHA / Medica Billing Department at: 1-218-279-6493.

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**ATTACH VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP HERE**

A checking account deposit slip is not acceptable.

Thank you.