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[healthnewengland.org/medicare](http://healthnewengland.org/medicare)

**MEDICARE ADVANTAGE**  
 Electronic Funds Transfer (EFT) Form

The undersigned member hereby authorizes and requests Health New England, Inc. to effect payment for all amounts owed by the member to Health New England as such amounts become due. Payment shall be made by initiating credit and/or debit entries to the member's account in the bank or financial institution indicated below. The member authorizes and requests said bank or financial institution to credit and/or debit the same to such account.

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Depositor Account Number: \_\_\_\_\_  
 Exactly as it appears on check or savings statement

Checking Account (Include Voided Check)       Savings Account (Include Routing #)

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This authorization is active as of the date written below and shall remain in effect until terminated. The member may terminate this authorization without cause by giving fifteen (15) days prior written notice to Health New England. Health New England may terminate this authorization without cause at any time.

**PLEASE INDICATE THE TYPE OF REQUEST:**

New Enrollment     Change to Enrollment     Cancel Enrollment - Termination Date: \_\_\_\_\_

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

Member Address: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health New England Medicare Advantage is an HMO plan with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal.