

UNIVERSITY OF THE PACIFIC  
DIRECT DEBIT AUTHORIZATION FORM

Delta Health Systems is pleased to offer **Direct Debit** payments for your monthly retiree premium. We encourage you to enroll in this easy and efficient way to make your monthly payments by completing the authorization form below. When you sign up for Direct Debit, Delta Health Systems will make automatic withdrawals from your designated checking or savings account.

Send this completed form to:

DELTA HEALTH SYSTEMS • P.O. Box 1147 • Stockton, CA 95201-1147  
Or you may fax to: 1-209-474-5402

For further information on our Direct Debit Program, call us at:

(888) 212-1231

This is a:  Checking Account\*  Savings Account

Name(s) on Account:

Healthcare ID Number:  
(Located on ID card)

\_\_\_\_\_

475 - \_\_\_\_\_

Name of Bank or Credit Union:

\_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Current Premium: \$ \_\_\_\_\_

**\*For DIRECT DEBIT FROM A CHECKING ACCOUNT, A VOIDED CHECK MUST BE ATTACHED TO THIS FORM. Do not attach a checking deposit slip. If you are faxing this form, you may include a copy of a voided check.**

I hereby authorize Delta Health Systems and the financial institution I've indicated to automatically deduct from my bank account any future University of the Pacific retiree premium payments. If at any time I decide to stop a payment or to discontinue this payment service, I will notify Delta Health Systems by phone or in writing. I understand that I will need to allow 10 business days in order to stop the automatic withdrawals. I understand I will receive notification of any rate increase. Please note: you will no longer be eligible for Direct Debit after two failed attempts to collect premium. Delta Health Systems will change you to check or money order payment only.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

## FREQUENTLY ASKED QUESTIONS

### *How do I sign up?*

Complete and sign this authorization form. Indicate the checking or savings account from which you wish your retiree premium payment to be withdrawn. If using a checking account, include a copy of a voided check.

### *How will my premium be paid?*

Delta Health Systems will inform your financial institution each month of the amount due. The bank will automatically deduct that amount from your designated checking or savings account.

### *If my spouse and I have separate healthcare ID numbers under University of the Pacific, can we complete one form?*

No, you and your covered spouse must each complete a separate authorization form, even if both payments are to be debited from the same account.

### *How can I be sure my premium has been paid?*

Your payment will be itemized on your monthly bank account statement.

### *Is there a charge for this service?*

No. However, Delta Health Systems reserves the right to terminate your participation in the Direct Debit Program if your payment is rejected more than two times.

### *When will the automatic payments start?*

When you return the authorization form by the 2<sup>nd</sup> of each month, Direct Debit will take effect with the following month's debit.

### *What if I do not return my form by the 2<sup>nd</sup> of each month?*

When authorization is received by Delta Health Systems before the 15<sup>th</sup> of any future month, Direct Debit will take effect with the following month's premium.

### *When will the payment be deducted from my checking or savings account?*

Your Direct Debit will deduct from your bank account on the 10<sup>th</sup> of each month. If the 10<sup>th</sup> falls on a non-business day, it will be deducted the following business day.

### *What if my premium amount changes in a future year?*

Each year you will receive notification of the premium rate set by University of the Pacific for the following year. If you wish to discontinue your Direct Debit, you may do so at any time. If you make no change, the new amount will be automatically updated for the following year. No need to do anything!

### *What if I don't want to sign up for Direct Debit?*

When you receive your billing statement each month from Delta Health Systems, you need to mail a check for the entire monthly premium and mail to P O Box 1147, Stockton, CA 95201-1147.

### *Can I cancel Direct Debit at a later date?*

Yes, you may cancel at anytime by contacting Delta Health Systems at (888) 212-1231. You may also submit your cancellation in writing and send to P O Box 1147, Stockton, CA 95201-1147 or fax to 1-209-474-5402.

### *What if I have more questions?*

You may contact Delta Health Systems at (888) 212-1231 between the hours of 6 a.m. PST and 5 p.m. PST.