





ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS

McLaren Health Plan (MHP) administers EFT payments for healthcare premiums in the following manner:

- On the first business day of every month, your monthly premium will be automatically debited from your designated checking or savings account.
- You must notify MHP of any changes to your designated account at least 15 days before the last day of the month.
- If there are insufficient funds in your account for the EFT to occur, you are responsible for any bank fees charged to MHP. You will also be responsible for paying the monthly healthcare premium in a manner other than EFT.
- MHP will only attempt the EFT once a month, on the first business day of the month.
- Please complete and sign the attached EFT consent form. Return the completed form to MHP by one of the following options:

Mail: Attn: Finance Dept.
McLaren Health Plan
G-3245 Beecher Road
Flint, MI 48532

■ **Fax:** (810) 600-7947

Email: MHPFinanceDepartment@mclaren.org

MHP will send you a confirmation letter upon receiving your completed EFT Payment Consent form. The letter will confirm your request for your monthly premium payments to be made by EFT. Confirmation of the premium amount and the date of the first EFT will also be in this letter. Please continue to make your regular monthly premium payments until you receive this EFT confirmation letter.

If you have any questions regarding EFT payments, please call the MHP finance department at (810) 733-9528, Monday – Friday, 8:30 a.m. – 5 p.m. (TTY: 711.)

Sincerely,

MHP Finance Department







EFT PAYMENT CONSENT

Member Name:		
	Phone Number:	
Address:		
I,	(print name), give pe	ermission for the MHP
payment from the bank accordaccount and can authorize the on the first business day be funds available on the first but	tronically withdraw the amount owing for unt I have listed below. I certify that I am a look is type of payment. This EFT withdrawal will ginning in the month I've chosen below. If usiness day of the month to complete this trathe monthly premium payment in a manner his agreement at any time.	egal signer on this bank be completed monthly there are not enough ansaction, I understand
Bank Name:	Bank Routing #:	
Bank Account #:	Cr	necking Savings
Month to begin EFT premium	payments:	
Signature:	Date:	

G-3245 Beecher Road • Flint, Michigan • 48532 tel (888) 327-0671 • fax (833) 540-8648 McLarenHealthPlan.org