



NPFBA™



NATIONAL PEACE OFFICERS AND FIRE FIGHTERS BENEFIT ASSOCIATION™
CA INSURANCE LIC. # 0544968

A JOINTLY SPONSORED LONG TERM CARE TRUST OF THE CALIFORNIA LAW ENFORCEMENT ASSOCIATION® AND THE CALIFORNIA ASSOCIATION OF PROFESSIONAL FIREFIGHTERS® · ADMINISTRATOR: CALIFORNIA ADMINISTRATION INSURANCE SERVICES, INC.

1-877-582-0003 · (209) 223-3971 · PO BOX 31 · MARTELL, CA 95654-0031 · FAX (209) 223-2966 · WWW.NPFBA.ORG

Payment Option Form

For your convenience we offer the following methods of payment for your NPFBA Long Term Care Plan. If you would like to stop receiving paper billing, please choose only one (1) option. All changes will be reflected on your next billing cycle. If you have any questions, please contact our office toll-free at (877) 582-0003.

Name:		Department:	
Daytime Phone:		Email:	

1. Monthly Bank Draft

I hereby authorize NPFBA or its designated agent and the financial institution named below to initiate monthly withdrawals from my checking/savings account. This authority will remain in effect until I provide written notification to cancel this Plan or my affiliation with NPFBA, its designated agent, or my financial institution. I understand that if the necessary funds are not on deposit in my account on the day designated to execute the automatic deduction, I will be subject to the payment collection provision shown in the Evidence of Coverage.

Signature

Date

Please deduct my monthly payment from (check one): **Checking** (Attach Voided Check) **Savings**

Account Number:		Routing Number:	
Financial Institution Name:		Telephone:	

2. Credit Card Annual Semi-Annual (\$1.00 surcharge) Quarterly (\$2.00 surcharge)

Credit Card Type: (circle one)	Visa MasterCard Discover
Credit Card Account Number:	
Expiration Date:	
Signature / Date:	

For Office Use Only:

Received: _____
Program Updated: _____
Change Form: _____