



National Peace Officers and Fire Fighters Benefit Association

255 Scottsville Blvd. Jackson, CA 95642 *877-582-0003 *(209) 223-3971 *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	AMEX
Credit Card Account Number:				
Expiration Date:				
Signature / Date:				

For Office Use Only:

Received: _____

Program Updated: _____

Change Form: _____