



**Electronic Funds Transfer (EFT) Form**

**Directions:** Print your name exactly as it appears on your checking account and sign where indicated. EFT requests may take up to three months to process. A monthly statement requiring payment will be sent until your EFT request is processed.

**Please attach a voided check (NO DEPOSIT SLIPS) to this form for verification of bank information.**

Applicant's Name (Please Print) \_\_\_\_\_

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

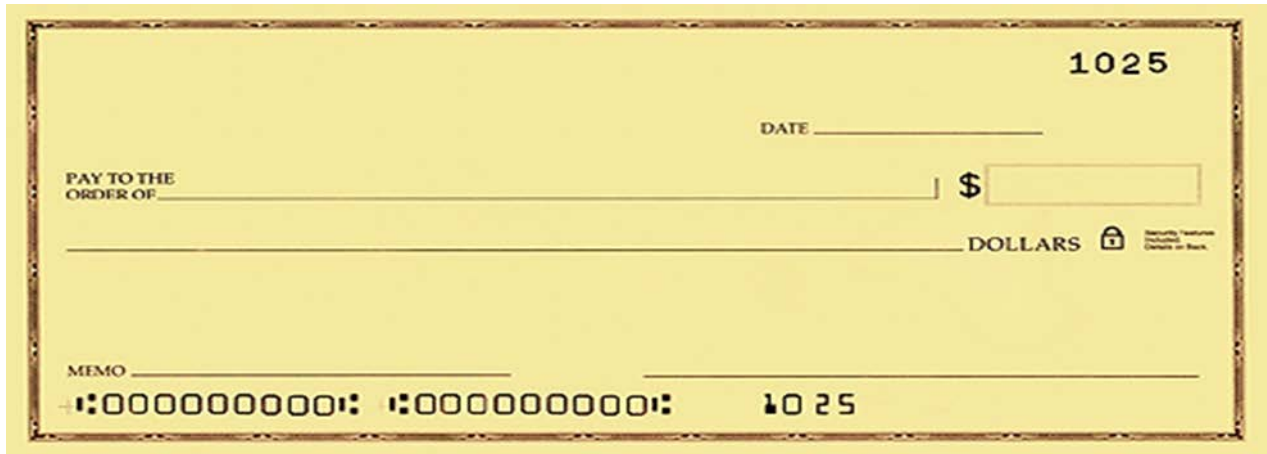
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*CANNOT BE A SAVINGS ACCOUNT\*\***



Routing Number

Account Number

Check Number

H3664\_CY15\_EFT

PrimeTime Health Plan is an HMO-POS plan with a Medicare contract. Enrollment in PrimeTime Health Plan depends on contract renewal.

You must continue to pay your Medicare Part B premium.

- P.O. Box 6905-0905 / Canton, OH 44706
- PHONE: 330-363-7407 / TOLL FREE: 1-800-577-5084  
TTY LINE: 330-363-7460 / 1-800-617-7446 for the hearing impaired
- Fax: 330-363-7714
- WEBSITE: [www.primetimehealthplan.com](http://www.primetimehealthplan.com)