

Missouri Department of Transportation & Missouri State Highway Patrol (MODOT/MSHP) Medical and Life Insurance Plan Payment Automatic Draft Agreement

<input type="checkbox"/>	I hereby request the privilege of paying medical and/or life insurance premiums through electronic withdrawal. I authorize the MoDOT/MSHP Medical and Life Insurance Plan to draw electronic fund item for the purpose of paying said premium payment and other fees provided herein.

Name of Member _____

Bank Name _____ Routing No. _____

Bank Address _____

Checking Account Savings Account Account No _____

Subject to the following conditions:

1. The item(s) shall be drawn on or about the last banking business day of each month.
2. The privilege of making payments under this Automatic Draft Agreement may be revoked by the MoDOT/MSHP Medical and Life Insurance Plan if any item is not paid upon presentation, or at any time without cause.
3. This Automatic Draft Agreement, if cancelled, terminated, or revoked by either party as provided for herein, does not release you from your obligation to pay the premium(s) and other fees you are obligated to pay under your agreement with the MoDOT/MSHP Medical and Life Insurance Plan when such amounts are due.
4. The MoDOT/MSHP Medical and Life Insurance Plan reserves the right to draw via Electronic Funds Transfer all amounts owed by the member including any and all applicable fees under your agreement with the MoDOT/MSHP Medical and Life Insurance Plan. MoDOT/MSHP Medical and Life Insurance Plan reserves the right to pass onto the member any and all processing fees charged by the MoDOT/MSHP Medical and Life Insurance Plan's financial institution for processing the Automatic Drafts via Electronic Funds Transfer. Such amounts will be included in the premium amounts owed by the member drawn via Electronic Funds Transfer. The MoDOT/MSHP Medical and Life Insurance Plan shall notify the member in writing, 30 days prior to the next scheduled Automatic Draft, of any changes in the amount to be withdrawn on the subsequent scheduled Automatic Drafts.
5. This Automatic Draft Agreement may be cancelled by the member at any time provided a written notice is received by the MoDOT/MSHP Medical and Life

Insurance Plan, 105 West Capitol Ave., P.O. Box 270, Jefferson City, MO 65102, at least 30 days prior to the first business day of the month. Cancellation of this Automatic Draft Agreement may result in the termination of the members medical and/or life insurance, unless a new Automatic Bank Draft Agreement has been submitted to the MODOT/MSHP Medical and Life Insurance Plan.

6. This Automatic Draft Agreement shall automatically terminate upon the cancellation of the member's agreement with the MoDOT/MSHP Medical and Life Insurance Plan.
7. This Automatic Draft Agreement shall apply to the following Applicant Member.

Applicant Member Signature

Date

Please attach a Void Blank Check

Please feel free to contact Tawnya Schmitz with any questions you may have about this form or about the bank draft process. You may reach her at our toll free number 877-863-9406 or by calling her direct line at 573-751-2861.