



Billing and Payment Authorization Form

For Federally Facilitated Marketplace, Arkansas Works, CHI Retirees

Use this form to authorize QualChoice to debit your bank account for your premium. If you have any questions when completing this form, please contact a Finance Representative at 501.228.7111 ext. 7023 or finance_ops@qualchoice.com.

Step 1. Subscriber Information				
First Name	M.I.	Last Name	Date of Birth (MM/DD/YYYY)	
Street Address			City	State Zip Code
Social Security No.		Phone No.		
<i>By way of signature in Step 3, I agree and understand the following:</i> <ul style="list-style-type: none">I authorize QualChoice to debit my checking account from the bank/financial institution listed in Step 3.The billing and payment arrangement I select below is to remain in full force and effect until QualChoice receives written notice of my desire to change my billing arrangement at least 20 days before my next payment is due.				
Step 2. Bank Draft Authorization.				
<i>By way of signature in Step 3, I agree and understand the following:</i> <ul style="list-style-type: none">That my bank account will be bank drafted on the 1st of each month and that QualChoice reserves the right to delay the bank draft date when necessary or to change a designated bank draft date within 45 days of written notification to me.That it can take up to 30 days to establish a bank draft authorization.That all changes to bank draft payment status must be received 5 business days before the next bank draft date (for example, changes to my bank information or termination of coverage). Changes requested after this time will be reflected on the next payment cycle.				
Bank/Financial Institution Name			City	State
Bank/Financial Institution Routing Number (MUST BE 9 DIGITS)		Checking Account No.		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Account Holder Full Name				
Account Holder Street Address			City	State Zip Code
Account Holder Signature X			Date Signed (MM/DD/YYYY)	
Step 3. Authorization and Signature				
<i>By signing this Billing and Payment Authorization Form, I agree to all terms and conditions expressed in the payment method I selected. I understand that not following what has been authorized on this form may cause my policy to be terminated at QualChoice's discretion.</i>				
Signature of Subscriber (individual listed in Step 1) X			Date Signed (MM/DD/YYYY)	