

Authorization for Automatic Withdrawal

Subscriber name (please print): _____

Address: _____

HAP ID number: _____ Group number: _____

BANK INFORMATION

Name of financial institution: _____

Account holder's name: _____

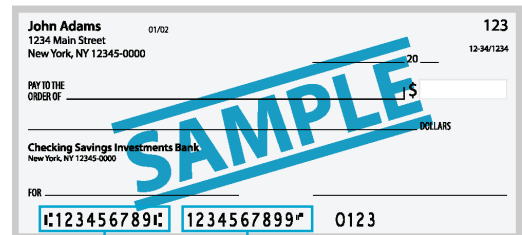
Relationship to subscriber

Self Other (specify): _____

Account number: _____

Routing number: _____

Checking Savings



Routing number Account number

I authorize HAP and the financial institution listed above to withdraw money from my checking or savings account to pay my premium. My authorization is effective until I send HAP a written request to cancel. I understand my payment will be deducted between the 26th and the last day of the month before payment is due.

Example: A payment due in June will be deducted between May 26 and May 31.

A record of my payment will be shown on my bill and my checking or savings account statement. I am solely responsible for having enough money in my checking or savings account at the time the payment is made. I agree to hold HAP harmless for any fees or penalties due to not having the proper funds in my account.

This service is free and can take 30 to 60 days to start. Premiums already billed will not be deducted automatically. Please continue to pay your premium as you normally would until your monthly invoice states the premium payment will be automatically withdrawn.

Your signature is required to process this form.

Account holder signature: _____ Date: _____

Once signed and dated, please mail to:

HAP
 Attention: Customer Service
 2850 West Grand Boulevard
 Detroit, MI 48202

