



Welcome to ODS Advantage! As a member of our Plan, you have the option of how you choose to pay your Plan premiums. One of these options is through monthly (EFT) Electronic Transfer Funds from your checking account.

The process is quick and simple to set up. Simply fill out and sign the enclosed Authorization Agreement, attach a "VOIDED" check and then return the form and voided check to ODS Advantage.

Please understand that you will be billed for a premium payment prior to the month that automatic deduction begins. The automatic deduction from your checking account will take place on the 5th of every month and it will be your responsibility to assure that funds are available on that date.

If you have any questions about the form or the EFT process, please contact ODS Advantage Member Services at 503-265-4762 or toll free 1-877-299-9062, Monday through Friday between the hours of 7:30 a.m. and 5:30 p.m. Pacific time. TTY users should call 1-800-433-6313.

We are here to help,

ODS Advantage
Billing & Eligibility Department

**Oregon
Dental
Service**

Dental
Insurance

—

**ODS
Health
Plan, Inc.**

Medical
Insurance

—

The ODS Companies

ODS Tower
P.O. Box 40384
Portland, OR 97240.0384
Phone: 503.228.6554
www.odscompanies.com

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**ODS Advantage
AUTHORIZATION AGREEMENT FOR MONTHLY ELECTRONIC
DEDUCTION**

MONTHLY (EFT) ELECTRONIC FUNDS TRANSFER BY CHECKING ACCOUNT
DEDUCTION

Instructions:

1. Complete and sign this Authorization Agreement for monthly automatic bank deduction of insurance premium.
2. Attach a "VOIDED" check.
3. Return both the completed signed form and the voided check to ODS.

I authorize ODS to charge my checking account for monthly insurance premiums for the below named individual. I also authorize my bank to honor these monthly charges. This authority will remain in effect until I give my bank a reasonable chance to act upon it. I can stop payment by notifying my bank before my account has been charged. Automatic deductions will take place on the 5th of each month.

Member Name: _____

Member Identification Number: _____
(As shown on your ODS Advantage Identification Card)

Name of Bank: _____

Signature of Account Holder: _____

Date: _____

I understand that I will be billed for a premium payment prior to the month that automatic deduction begins. I also understand that once the automatic deduction begins, I will not receive a monthly premium statement from ODS Advantage.

If you wish to cancel your automatic deductions, we must receive written notice 15 days before the next deduction date.

ODS Advantage
Billing and Eligibility Department - Medicare
ODS Tower
601 S.W. Second Avenue
Portland, OR 97204-3156