

# Alabama Health Insurance Plan Pre-Authorized Payment Service Authorization Agreement

I hereby authorize the Alabama Health Insurance Plan (AHIP) to automatically charge my credit card designated below monthly for the premium due as specified. I further authorize the financial institution issuing my credit card to accept these charges to my credit card designated below. If corrections in the account are necessary, it may involve adjustments (credit or debit) to my AHIP account. I understand that both the financial institution and AHIP reserve the right to terminate my participation in this agreement. I also understand that I may discontinue participation at any time with written notice to AHIP, allowing AHIP a reasonable opportunity to act on the request.

## Credit Card Number\*

<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="margin: 0 10px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="margin: 0 10px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>	
Card Holder Name**	
Card Expiration Date***	accepted only Visa                      MasterCard
Card Billing Address**** _____ _____	
Card Billing Zip Code _____ (as it appears on your billing statement)	
Card Holder Signature _____ Date _____	
<small>* This number is your 16-digit credit card number as it appears on your credit card.          ** The name as it appears on your credit card.          *** The expiration date as it appears on your credit card (month and year required).          **** The credit card billing address as it appears on your credit card billing statement.</small>	

I hereby authorize AHIP to automatically charge my premium monthly to the credit card designated above. This authority is to remain in full force and effect until AHIP received written notification from me of its termination. This should be done in such time and manner as to afford AHIP a reasonable opportunity to act on it.

### AHIP SUBSCRIBER INFO

AHIP Contract Number:	AHIP Subscriber Name: (Please print)
AHIP Subscriber Signature _____ Date _____	

**Return this form to:**  
**Alabama Health Insurance Plan**  
**PO Box 304900**  
**Montgomery, AL 36130-4900**

**Form may be returned with your payment.**