FirstCare
HEALTH PLANS
PART OF BAYLOR SCOTT & WHITE HEALTH

AUTOMATIC PAYMENT SYSTEM (APS) AUTHORIZATION AGREEMENT

FirstCare Health Plans is hereby authorized to initiate debit entries to

_____ **(Group Name)** checking account indicated below for the total billed amount due. The account will be drafted no later than the 9th business day of each month. The Financial Institution named below, hereinafter called **BANK**, is hereby authorized to debit the same to such account.

BANK NAME _____ **BRANCH** _____

CITY _____ **STATE** _____ **ZIP** _____

ACCOUNT NUMBER _____

☐ Check here if this is a change in bank information.

This authority is to remain in full force and effect until FirstCare Health Plans has received written notification from the group of its termination in such time and in such manner as to afford FirstCare Health Plans a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to **BANK** prior to charging account. After account has been charged, a customer has the right to have the amount of an erroneous debit immediately credited to his account by **BANK**, up to 15 days following issuance of statement of account, or 45 days after the charge whichever occurs first.

DATE _____ **PHONE NUMBER** _____

GROUP NAME & NUMBER _____

AUTHORIZED SIGNATURE _____

****PLEASE ATTACH VOIDED COPY OF CHECK****

Send your completed form to your FirstCare Health Plans Client Management Team representative.