



# Billing Information Form

## SECTION A Membership Information

Head of Household's Full Name

Member ID#

If you are a new member, the one-time, non-refundable \$100.00 application fee for Gold, Silver and Bronze plans and the \$25.00 Altruia Ministries donation will be processed with your first monthly contribution.

### Please Note

This form must be received by the 15<sup>th</sup> of the current month to be processed by the 1<sup>st</sup> of the following month.

All transactions are processed by the 5<sup>th</sup> day of each month. If your account has not been debited by the 15<sup>th</sup>, please contact us immediately.

Transactions will appear as an abbreviated version of "Altruia HealthShare" on the bank statement.

HSA/FSA are not eligible payment options.

## SECTION B Transaction Information

### Method of Transaction

BANK TRANSFER (ACH)

DEBIT / CREDIT

#### Bank Transfer (ACH) Transaction Method

Account Number

Zip Code

Routing Number

Account Type

CHECKING

SAVINGS

▶ Please attach a voided check for confirmation of account numbers.

#### Debit / Credit Transaction Method

Name as it Appears on the Card

Card Type

VISA

Card Number

DISCOVER

Billing Address

MASTERCARD

AMERICAN EXPRESS

City

Expiration Date

CVV/CVC

State

Zip Code

MM/YY

3 DIGITS ON BACK OF CARD

#### Update Payments Online

You can now update your payment method through our member portal. You can access this portal at: <https://myaccount.altruiahealthshare.org>.

In addition to updating your payment method, you will have access to your payment history, our Forms and more.

REMOVE BILLING INFORMATION FROM MY MEMBERSHIP ACCOUNT

## SECTION C Agreements

I hereby authorize Altruia HealthShare to initiate debit entries using the transaction information indicated in SECTION B to the Altruia HealthShare escrow account and to debit the same to such account. The authorization is to remain in full force and in effect until Altruia HealthShare receives written notification of its termination from the account holder or head of household.

Mail, fax, email or use your member portal to submit this completed Billing Information Form.

To avoid delays, please make sure you complete and attach all required information.

### Account Holder Signature

Account Holder Name

Signature

IF DIFFERENT THAN HEAD OF HOUSEHOLD

#### Head of Household

#FM-BILL1000.02

Signature

Date / /

Do not send unless you have completed SECTIONS A-C in full.