



Billing Information Form

SECTION A Membership Information

Primary Contact's Full Name

Member ID#

If you are a new member, the one-time, non-refundable \$100.00 application fee and a \$25.00 donation to Altrua Ministries will also be processed with your first monthly contribution.

Please Note

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

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

Transactions will appear as an abbreviated version of "Altrua 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

MASTERCARD

Billing Address

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.altruahealthshare.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 Altrua HealthShare to initiate debit entries to the Altrua HealthShare escrow account using the transaction information indicated in **SECTION B** and to debit the same to such account. The authorization is to remain in full force and in effect until Altrua 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

Primary Contact

#FM-BILL1000.02

Signature

Date / /

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

EMAIL ACCOUNTING@ALTRUAHEALTHSHARE.ORG | PHONE 1.888.244.3839 | FAX 512.382.5520 | MAIL PO BOX 90849, AUSTIN, TX 78709-0849

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