

WHY NOT SIGN UP NOW??

Electronic Fund Transfer Authorization Form

Agency Name: _____
NHP Agent number(s)**: _____
Phone Number: _____
Name/Title Authorizing Party: _____

**** You must provide all agent numbers under which you are authorizing EFT transfer.**

Type of Action: Enroll Change
Provide Current info below

Type of Account: Checking Savings

Name As It Appears
On the Bank Account: _____

Name of Financial
Institution: _____

Bank/Credit Union Routing #: _____

Account Number: _____

I hereby authorize Nationwide Health Plans to make deposits in the account named on this form. I also authorize the Depository Financial Institution(s) to accept these deposits. To correct errors adjusting entries are also authorized. I understand my name must be on the account to which I am depositing. It is agreed these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of discontinuance is given to Nationwide Health Plans. I acknowledge receipt of a completed copy of this authorization.

X

(Signature of Authorized Agency Personnel) (Title)

(Date)

Mail this completed form, WITH A PREPRINTED VOIDED CHECK to:

Nationwide Health Plans, 1601 Exposition Blvd, Mailstop HM-60, Sacramento, CA 95815.

OR fax this form AND A PREPRINTED VOIDED CHECK to 866-422-7101, Attn:

Judy Boswell, Commission Department.

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