

## INTRODUCING I-PAY

# StayWell INSTANT PAY means INSTANT CONVENIENCE

As a StayWell Personal Plan and Auto/Home member, you can take advantage of our new I-Pay Program and have your monthly insurance payments paid through an automatic draft from your preferred savings or checking account!

## 3 Simple Steps to REGISTER for I-Pay

- 1** Visit the StayWell Office and a customer care representative will assist you.
- 2** Complete and submit the form.
- 3** On the 15th and 30th of each month, your payments will be drafted from your savings or checking account and you'll have one less item on your to-do list!

To Do List:

Pick up groceries

Drop off dry cleaning

~~Pay Insurance~~

Schedule teacher meeting

## Sign Up for I-Pay today!

If you have any questions, please call the Customer Care Department at 477-5091 ext. 402 (for Health Insurance) or ext. 404 (for Home and Auto Insurance).

Log on to [www.staywellguam.com](http://www.staywellguam.com)  
for our added value programs  
exclusively for StayWell members!



HEALTH • HOME • AUTO



# I-PAY AUTHORIZATION FOR DIRECT DEPOSIT FORM – AUTO/HOME

## SECTION 1 MEMBER ACCOUNT INFORMATION

PROCESS DATE: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

STAYWELL POLICY NO.: \_\_\_\_\_ TYPE OF DEDUCTION: \_\_\_\_\_ TOTAL PREMIUM: \$ \_\_\_\_\_

REASON FOR DEDUCTION:  New Policy  Renewal Policy  Endorsement to Policy  Cancellation

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## SECTION 2 MEMBER BANK ACCOUNT INFORMATION

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

BRANCH LOCATION: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

TYPE OF ACCOUNT:  Savings  Checking *(VOIDED Check attached for reference)*

**Amount to be WITHDRAWN from Member's Bank and deposited into StayWell's account as indicated below:**

Authorized to deposit \$ \_\_\_\_\_ beginning on the \_\_\_\_\_ and ending on \_\_\_\_\_:

Semi-Monthly *(Every 15<sup>th</sup> and 30<sup>th</sup> of each month)* \_\_\_\_\_ Member's Initials

**Amount to be CANCELLED from Member's Bank Account as indicated below:**

Authorized to cancel \$ \_\_\_\_\_ effective \_\_\_\_\_ Member's Initials

## SECTION 3 STAYWELL BANK ACCOUNT INFORMATION – FOR INTERNAL USE ONLY

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

BRANCH LOCATION: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

STAYWELL REP. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

It is agreed that StayWell Guam, Inc. and your financial institution (as indicated above) shall not be responsible or liable for failing to act as herein requested if such failure should be due to circumstances beyond our control. A \$25.00 Service Fee will be charged to you for each attempted withdrawal not successfully deposited to our account due to insufficient funds. This authorization is to remain in effect until written revocation is received from the member or cancelled by StayWell Guam, Inc. Member's Initials: \_\_\_\_\_

Distribution of copies:  Bank – Original  StayWell – Original  Member – Copy  Zurich Ins. - Copy