

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
for our added value programs
exclusively for StayWell members!



HEALTH • HOME • AUTO



I-PAY AUTHORIZATION FOR DIRECT DEPOSIT FORM - HEALTH

SECTION 1 MEMBER ACCOUNT INFORMATION

DATE: _____ SUBSCRIBER NAME: _____

MEMBER NO: _____ CONTACT NO: _____

TYPE OF DEDUCTION HEALTH INSURANCE DEPOSIT AMOUNT: _____

REASON FOR DEDUCTION: New Policy Renewal of Policy Cancellation of Policy Change of Status

MEMBER SIGNATURE: _____ DATE: _____

SECTION 2 MEMBER BANK ACCOUNT INFORMATION

NAME OF ACCOUNT HOLDER: _____

NAME OF FINANCIAL INSTITUTION/ BRANCH LOCATION: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: Savings Checking
(VOIDED Check OR copy of Savings Account Book attached for reference)

Amount to be WITHDRAWN from Subscriber's Bank and deposited into StayWell's account as indicated below:

Authorized to deposit \$ _____ beginning on _____ and ending on _____:

Semi-Monthly (Every 15th and 30th of each month) _____ Account Holder's Signature

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

Authorized to cancel \$ _____ effective _____. _____ Account Holder's Signature

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