

CREDIT CARD DEDUCTION
CHANGE REQUEST FORM
REVISED: 05/2022



Section 1	Member Account Information
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Policy Holder's Name _____

Contact Number _____ Email Address _____

Section 2	Updated Credit Card Information
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Card Holder Name: _____

Credit Card Number: _____ Expiration Date: _____

Section 3	Deduction Endorsement / Cancellation
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<input type="checkbox"/> Endorsement Initial _____	Charge Amount: \$ _____ Please check preferred deduction date(s) until policy is paid in full: <input type="checkbox"/> One Time Payment <input type="checkbox"/> Charge \$ _____ every 15 th of the month <input type="checkbox"/> Charge \$ _____ every 30 th of the month <input type="checkbox"/> Every Government Pay Day Effective _____
<input type="checkbox"/> Cancellation Initial _____	Please cancel credit card deduction in the amount of \$ _____ <input type="checkbox"/> Effective immediately <input type="checkbox"/> Effective _____

Member Signature _____ Date _____

FOR OFFICIAL USE ONLY			
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Reason for Deduction: <input type="checkbox"/> Credit Card Update <input type="checkbox"/> Deduction Endorsement <input type="checkbox"/> Cancellation			
Policy Number(s)		Policy Expiration Date	
Comments			

StayWell Representative: _____ Date: _____