



**UMP Medicare Classic with Part D (PDP) Late Enrollment Penalty  
Authorization for Electronic Funds Transfer (EFT)**

**Instructions**

1. Complete, sign and date this authorization agreement for monthly automatic bank deductions of your UMP Medicare Classic with Part D (PDP) late enrollment penalty. Please note that you will not receive a monthly invoice, and funds will be automatically deducted when you sign up for EFT deductions.
2. Attach a blank VOIDED check from the checking account you wish to make this monthly draft OR provide routing and account numbers.
3. Return this form (and the VOIDED check) to:  
 Moda Health Plan, Inc.  
 Medicare Membership Accounting  
 601 SW Second Avenue  
 Portland, OR 97204-3156

Bank name	Bank account # (Not required if providing a VOIDED check)	Bank routing # (Not required if providing a VOIDED check)
Member name (Last, First, MI)		Member ID

**Authorization**

I authorize Moda Health to charge my (individual or joint) checking account for UMP Medicare Classic with Part D (PDP) late enrollment penalty for the above-named individual. I also authorize my bank named above to honor these monthly charges. This authorization will remain in full effect until Moda Health and my bank have received written notification from me by mail of termination of this agreement in such a time, and in such a manner, as to afford my bank and Moda Health a reasonable opportunity to act upon it. I have the right to stop payment of a debit entry by advance notification to my bank in such time as to afford my bank a right to have the amount of an erroneous debit immediately credited to my account by my bank, provided I send written notice of such an error to the bank within 15 days following issuance of the late enrollment penalty statement or 45 days after posting, whichever occurs first. I also understand it may take up to one month after the late enrollment penalty effective date to begin electronic deductions and that the deduction amount will be for the balance due, or a late enrollment penalty notice will be sent so my UMP Medicare Classic with Part D (PDP) prescription benefits may be kept current.

Member signature X	Date
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*If the holder of the checking account is different from the Subscriber for the insurance, please also provide the account holder's signature below.*

Account holder signature X	Date
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**Banking information**

Account holder name	Bank name
Bank routing number	Bank account number

Account type:      Checking      Savings

**ATTACH VOIDED CHECK HERE**



9-digit routing no.      Account no.

Ready to submit? Mail this form with a copy of a voided check to Moda Health:

Return to:  
Moda Health Plan, Inc.  
Attn: Medicare Membership Accounting  
601 SW Second Ave  
Portland, OR 97204-3156

If you have any questions about the form or the EFT process, please contact ArrayRx Customer Service at 1-833-599- 8539 (TTY users should call 711). Customer Service is available from 8 a.m. to 8 p.m. (Pacific Time), seven days a week October 1 – March 31 (closed on Thanksgiving and Christmas), and weekdays April 1 – September 30. Your call will be handled by our automated phone systems outside of business hours.

ArrayRxSolutions.com/UMP  
Moda Health is the administrator of ArrayRx