

Application for Automatic Bank Draft Withdrawal

By selecting Automatic Bank Withdrawal, I authorize the bank or financial organization named below to pay my premium through electronic bank withdrawal payable to American Progressive Life & Health Insurance Company of New York and Pennsylvania Life Insurance Company. I authorize the deduction of up to \$200 at a time. The bank or other financial organization will be fully protected in honoring these payments until written notice from me canceling this request is received.

Member Information

Member ID (if applicable):		Medicare Claim Number:	
LAST Name:		FIRST Name:	Middle Initial:
Permanent Residence Street Address:			
City:		State:	ZIP Code:
Home Phone Number:			
Your Signature:		Today's Date:	

Account Information

<input type="checkbox"/> Bank	<input type="checkbox"/> Savings & Loan	<input type="checkbox"/> Credit Union
Enter the routing number, account number and financial institution name from your check or share draft. See sample below.		
Routing Number:		Account Number:
Name on Account:		
Financial Institution:		

Please contact Customer Service with any questions at 1-866-684-5353, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-866-684-5351), every day.

John Doe 123 Anystreet Dr. Anytown, US 12345	Date 1234
SAMPLE ONLY	
PAY TO THE ORDER OF	\$ <input type="text"/>
Your Savings and Loan Anytown, US	dollars
<input type="text"/> : <input type="text"/> : 1234	

Routing Number Account Number

Please attach a voided check and send this form back to:

**Community CCRx
PO Box 5203
Rensselaer, NY 12144**

Community CCR_{SM} PDP is a Medicare-approved Part D sponsor offered by the following organizations that contract with the Federal government: American Progressive Life & Health Insurance Company of New York and Pennsylvania Life Insurance Company, members of the Universal American family of companies.

