



P.O. Box 469 Sandy, UT 84091-0469
 Phone: 800-416-0006 Fax: 800-711-1117
 E-Mail: hchsa@insurecaregivers.com
 Web Site: www.insurecaregivers.com

PAY BY WIRE, FAX, OR MAIL

YOUR COVERAGE WILL BE BOUND ON THE DAY WE RECEIVE YOUR FUNDS, OR ON YOUR PRESENT EFFECTIVE DATE.

YOU MAY SEND YOUR PAYMENTS BY ANY OF THE FOLLOWING METHODS:

BANK WIRE	CHECK VIA OVERNIGHT OR EXPRESS MAIL	CHECK BY FAX
Account Name: Health Care and Human Services Association Bank Name: Zions First National Bank Telephone: 1-800-789-2265 or 801-524-7331 Routing No.: 1240-0005-4 Account No.: 004-13816-0	HCHSA Association Office 8722 S. Harrison St. Sandy, UT 84070	Fax: 800-711-1117 E-mail: hchsa@insurecaregivers.com Phone: 800-416-0006

CHECK:

Checks received may be processed electronically. The Association, through its bank, has the ability to provide EFT (Electronic Fund Transfer) checks for processing rather than submitting a paper copy of the check to the bank. Funds transfer in the same manner if transacted electronically or by submitting a paper check to the bank, except funds transfer the day the information is received with electronic processing rather than within a few business days with a paper check. Electronically processed transactions appear on your bank statement just as hand submitted checks do.

CHECK BY FAX:

To use this system, please send the following information to the Association via fax. If you prefer, you can fax a copy of a voided check to the Association in lieu of filling out the banking information on this form.

Name (as it appears on the check): _____

Business name (if different): _____

Address: _____

Bank Name and Address: _____

Bank Routing No. (usually 9 digits): _____ Account No.: _____

Amount of Check: _____ Check No. : _____

Authorized by: _____ Date Authorized: _____

Signature: _____ Date of Check: _____

Requested Effective Date of Coverage: _____

Be sure to include a copy of your Indication Quote with your fax transmissions. If you decide to use a payment plan through Greenlight Financing Company, then please also sign and send in the Finance Estimate form.

SERVICE FEE:

The Association reserves the right to collect from you or directly from your account, a processing fee of \$25 for any incomplete transaction due to insufficient funds in your account to cover the transaction (i.e. a "bounced check").