



## Group Authorization Agreement for Electronic Premium Deductions

Name(s) \_\_\_\_\_

*(please print)*

CDPHP ID Number \_\_\_\_\_

I (we) hereby authorize Capital District Physicians' Health Plan, Inc. (CDPHP®) or CDPHP Universal Benefits,® Inc. to initiate debit entries in the amount of my (our) monthly CDPHP premium to my (our) checking account indicated below at the depository named below, hereinafter called "Depository," to debit the same to such account.

### Depository Bank

Bank Name \_\_\_\_\_

Branch \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Account No. \_\_\_\_\_

Routing Number \_\_\_\_\_

Example of Routing Number:    ☐ 1 2 3 4 5 6 7 8 9 ☐

**You may find your routing number on the bottom of your checks, usually between a facing pair of symbols. Routing numbers are nine digits long. If you cannot find the number on your check, your bank will be able to provide this information to you.**

This authorization is to remain in full force and effect until CDPHP has received written notification from me or (either of us) of its termination in such time and in such manner as to afford CDPHP and Depository a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_

*(please print)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**A voided check OR bank letter containing the account and routing number  
must be provided for verification purposes.**

**CDPHP Billing Department  
6 Wellness Way, Latham, NY 12110**

24-26628

# **Pay Your CDPHP Premiums Electronically**

Capital District Physicians' Health Plan, Inc. (CDPHP®) and CDPHP Universal Benefits,® Inc. (CDPHP UBI) offer groups the convenience of having their insurance premiums electronically deducted from their checking/savings account.

It is easy to enroll in this program. Just complete the authorization form email it to CDPHP at [BillingQuestions@cdphp.com](mailto:BillingQuestions@cdphp.com) with a voided check or bank letter with account and routing number. You may also mail the authorization form and voided check to:

CDPHP  
Attn: Group Billing Department  
6 Wellness Way  
Latham, NY 12110

Until electronic payment begins, you must continue to make your payments to CDPHP. You will receive notification from us that your automatic withdrawal is set up. It usually takes approximately one month for the electronic withdrawal to be activated.

**Disclaimer:** Electronic withdrawals take place on or about the 15th of each month. Premium amounts may vary due to any outstanding changes. Please be aware that the electronic withdrawal amount will be the amount of the current premiums/fees billed for that month, including any retroactive premiums and manual adjustments. If you have any questions, please contact the CDPHP billing department at (518) 641-4200 or toll-free at 1-866-258-1785. Representatives are available weekdays from 8 a.m. to 5 p.m.

Please note that if an electronic funds payment is returned for nonsufficient funds, a \$30.00 service fee will be billed to the group. This fee will appear on a future invoice under the manual adjustments portion of the group's invoice.



Capital District Physicians' Health Plan, Inc.  
CDPHP Universal Benefits,® Inc.  
6 Wellness Way  
Latham, NY 12110