



CDPHP Cancellation of Electronic Fund Transfer Withdrawal

This form should only be used to cancel the electronic withdrawal of premiums from your bank account. Your Capital District Physicians' Health Plan, Inc. (CDPHP) coverage will not be affected by this change, and you will still be enrolled with CDPHP.

I am electing to cancel electronic withdrawal.

Member ID Number _____

Member Name
(please print) _____

Member
Signature _____ Date _____

Please Note: The effective date of cancellation of the electronic withdrawal of premiums is based upon the receipt date of this form at CDPHP. All requests will be effective for the month after the date of receipt. For example, for any requests received from November 1 through November 30, CDPHP will no longer deduct premiums starting with the December invoice. Upon the cancellation of your EFT withdrawals you will receive invoice coupons to use for remitting premium directly to CDPHP.

CDPHP will send you a confirmation letter with the effective date of the discontinuation of electronic withdrawal from your bank account upon receipt of this request form.

Please return this form to:

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