

THE OLD WAY

Right now — as one of our members who pays your PEIA monthly premium by check (we call it Direct Pay) — you have to:

- find your monthly statement...
- write a check for your premium...
- enclose everything in the envelope...
- add a postage stamp and...
- make sure it all gets mailed.

THE BETTER WAY

Sign up to become a Direct Draft customer, and you won't have to go to any more trouble to make sure we receive your monthly premium. Just give us the okay and everything will happen automatically. Your payment will come right out of your bank account and you won't have to do a thing.

No more checks to write. No more stamps to stick. No more worries about whether the premium will get there on time. One less hassle in your busy schedule.

Oh, did we mention Direct Draft is free? What are you waiting for? You can start enjoying the convenience of Direct Draft now.

SIGN UP NOW!

Use one more envelope and one more stamp to let us know you're ready to enjoy the benefits of Direct Draft.

When you're ready, just complete and sign the authorization form, attach a voided check if using your checking account, and return it with your payment. Continue making your payments until you receive notification from us advising you when your Direct Draft will begin, then your payment will come to us automatically, and all you'll have to do is subtract it from your account.

PEIA DIRECT DRAFT AUTHORIZATION

Please print.

POLICYHOLDER INFORMATION

Name

Address

City

State

Zip

Phone

Please check one.

Checking Savings

Routing Number

Account Number

BANK ROUTING/TRANSIT NUMBER

You **MUST** enclose a voided check to be signed up for this program.

Note: If funds are unavailable at the time we attempt to debit your bank account, you will be responsible for forwarding a payment to us. If your payment is not received by the due date, you will be removed from the Direct Draft Service and your coverage may be cancelled. Your PEIA account standing must be current in order to be eligible for this service. Once you're set up on Direct Draft, the agreement will remain in effect until PEIA cancels it or you notify us in writing that you wish to cancel it and allow PEIA a reasonable opportunity to act on your request.

Please print.

FINANCIAL INSTITUTION INFORMATION

Institution Name

Address

City

State

Zip

Authorization

I wish to have my premium debited from my account on the following date each month (please check one):

5th 20th

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate debit entries into my Checking/Savings account indicated above, for the required total monthly PEIA premium. This authority is to remain in full force and effect until STATE has received written notification from me of its termination in such time and in such manner as to afford STATE and my financial institution a reasonable opportunity to act on it.

Authorized Signature

Date

Please remember to sign, date and return this form, with an attached voided check to:

West Virginia PEIA
601 57th Street SE, Suite 2
Charleston, WV 25304-2345



Direct Draft

A BETTER WAY



SIMPLER

FASTER

FREE



Direct Draft

A BETTER WAY

West Virginia PEIA
601 57th Street SE, Suite 2
Charleston, WV 25304-2345



Announcing
a way
to make
paying
your monthly
insurance
premium...

quite a bit
BETTER

