

WHAT IS AUTOPAY?

Autopay is a secure, automated billing service that simplifies the payment process for your insurance premiums.

Simply authorize PEIA to deduct payments directly from your bank account, so you never have to worry about missing a payment.

Please allow up to four weeks for your first autopay to take effect.



Enroll in autopay for a simpler, smarter way to pay your PEIA insurance premiums.



Contact Us
888-680-7342



Our Website
peia.wv.gov



Our E-mail
peia.help@wv.gov

**YOUR GUIDE TO
AUTOMATIC PAYMENTS**



PEIA AUTOPAY AUTHORIZATION



BENEFITS OF AUTOMATIC PAYMENTS



Time-saving: Eliminate the hassle of writing and mailing checks, remembering due dates, or making online payments each billing cycle.



Peace of mind: Enjoy continuous coverage knowing your payments are always on time, every time.



Cut down on costs: Reduce expenses for postage, envelopes, and checks.



Enhanced security: Electronic payments are generally safer and protected by banking laws.

Please print.
POLICY HOLDER INFORMATION

Name

Social Security Number

Address

City

State

Zip

Phone

Email

Checking Savings

Routing Number

Account Number

BANK ROUTING/TRANSIT NUMBER

You MUST enclose a voided check or bank letter to sign up for autopay

Note: **If funds are unavailable at the time we attempt to debit your bank account, you will be responsible for forwarding a payment to PEIA.** If your payment is not received by the due date, you will be removed from the autopay service and your coverage may be cancelled. Your PEIA account balance must have a zero balance to be eligible for this service. Once you're set up on autopay, 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

Authorized Signature

Date

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

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

