MEMBER / EMPLOYER ELECTRONIC FUNDS TRANSFER
FOR BADGERCARE PLUS PREMIUMS

Instructions

The Member/Employer Electronic Funds Transfer may be used by members who are making their own payments, as well as employers who are withholding payments on behalf of employees who have BadgerCare Plus health care coverage.

Fill out this form to automatically deduct funds from the checking or savings account on the third of each month for the premium payment. If the third falls on a weekend or holiday, funds will be taken from the account the following business day. Employers must complete a separate form for each employee. To have funds taken out automatically, fill out the section of the form that says, "Complete the information below".

- **Receiving Bank/Savings and Loan/Credit Union**
  Enter the name of the bank, savings and loan, or credit union in the space. If it is a branch office, enter that information under "Branch." Include the city, state, and ZIP code where the bank, savings and loan, or credit union is located. Use the information for the branch visited most frequently.

- **Account Type**
  Check the box for the type of account, checking or savings, from which the funds should be taken.

- **Bank Transit Routing Number and Bank Account Number**
  These numbers can be found on the bottom of your checks and deposit slips. **A voided check or deposit slip must be attached to the electronic funds transfer (EFT) form.** The bank transit routing number is the first nine digits. The following number, up to 17 digits in length, is the bank account number. Contact the bank, savings and loan, or credit union to clarify these numbers.

- **Names(s) and Signature(s) – Account Owner and Co-owner**
  Print the names of the account's owner and co-owner if it is a joint account. Enter the identification number of the person who is the case head. The account owner, and co-owner if applicable, must sign and date the form.

- **Signature — Employer**
  If the member decides to pay the premium payment using employer wage withholding, and the employer chooses to pay using EFT, the employer will need to fill out and sign the EFT form.

Under s .49.45(4), Wis. Stats., personally identifiable information about applicants and members is confidential and is used for purposes directly related to program administration such as payment of premiums by members. Failure to supply the information requested by the form may result in denial of payment for services.

If there are any questions regarding the above information, call 1-888-907-4455.

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Instructions: Type or print requested information clearly. **A voided check or deposit slip must be attached to this form for verification of correct information.**

Name(s) on Account

I give permission to begin taking money out of my (our) checking/savings account named below, at the bank/savings and loan/credit union named below.

Complete the information below.

Receiving Bank/Savings and Loan/Credit Union	Branch

Address — Bank/Savings and Loan/Credit Union (Street, City, State, ZIP Code)

Account Type: ☐ Checking ☐ Savings

Bank Transit Routing Number (9-digit number)

Bank Account Number (maximum 17 Digits)

This permission will remain in effect until the Department of Health Services (DHS) has received written notice from me (either of us) to end it, to allow DHS and US Bank a reasonable opportunity to act on it. If I lose my BadgerCare Plus, I understand my electronic funds transfer will end.

Name — Account Owner	Case Head Identification Number

SIGNATURE — Account Owner	Date Signed

SIGNATURE — Account Co-owner (if applicable)	Date Signed

SIGNATURE — Employer (if applicable)	Date Signed

All written debt authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

DISTRIBUTION: Mail completed form to the following address:

BadgerCare Plus Cash/Premium Unit
313 Blettner Blvd.
Madison, WI 53714
Telephone: 1-888-907-4455
Fax: 1-608-251-1513