



Payment Plan – For GVHP Access Plan only.

Payment arrangements can only be made by individuals purchasing a GVHP PrimeCare pre-paid plan. The first payment, in the amount of \$180 per package, must be made at the time of purchase. A \$25 administrative fee will be assessed and is due with the first payment. The remaining amount will be split into two equal portions to be paid the first of the month following your first 30 days of coverage. Failure to complete these agreed payment arrangements will result in immediate termination of the contract with no refund. Payments must be auto debited from a checking or savings account, credit card or debit card on the first of the month.

Payment Schedule:

Primary Contact Name: _____

Total Number of Participants: _____ X \$360 = _____ (Total Amount Due)

	Amount	Due
First Payment	(\$180 x # of Participants _____) + \$25 = _____	_____
Second Payment	\$90 x # of Participants _____ = _____	_____
Third Payment	\$90 x # of Participants _____ = _____	_____

Payment: *Please debit my payments from the following account.*

Direct Debit:

I (we) hereby authorize Grand Valley Health Plan (GVHP) to initiate debit entries to my (our) **Checking Account** **Savings Account** (select one) indicated below at the depository financial institution named below and to debit the same to such account. I (we) acknowledge that the organization of ACH transaction to my (our) account must comply with the provisions of US law. This authorization is to remain in full force and effect until GVHP has received written notification from me of its termination in such time and in such manner as to afford GVHP and the depository a reasonable opportunity to act on it.

Bank Name: _____ Routing #: _____ Account # _____

Credit Card:

Visa Master Card Credit Card # _____ Expiration Date: _____
 Name on Card/Account: _____ Security Code # (3 digit number on back of your card): _____

* A \$25 returned fee applies for payments returned for non-sufficient funds.

I _____ agree to the above payment arrangements and understand that failure to make any of the above payments in the time allowed will result in immediate termination of the contract with no refund.

Participant Signature _____ Date _____

GVHP Representative _____ Date _____