



Health Share Plan, LLC
8401 Holly Road
Grand Blanc, MI 48439
810-695-8011

Auto Debit Checking/Credit Card Account Change Form

Please complete the information below:

Start Date: Payer Name:
Payment Amount: Pt. Acct #:

Billing Frequency

Billing Frequency: Monthly Quarterly Annual
Is billing frequency a change from the original application: Yes No

Plan Selection

Plan: Basic Comprehensive
Is plan selection a change from the original application: Yes No

I (full name) authorize Health Share Plan, LLC to charge my account indicated

below to continue monthly/quarterly/annual payments of my Health Share Plan membership.

Billing Address Phone#
City, State, Zip Email

Credit/Debit Card

Visa MasterCard
AMEX Discover

Cardholder Name

Account Number

Exp. Date

CVV (3 digit number on back of card)

SIGNATURE DATE

I understand that this authorization will remain in effect until I cancel it in writing and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Health Share Plan, LLC may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute Health Share Plan, LLC billing with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this agreement.