

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 OK and everything will happen automatically. Your payment will come right out of your checking 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, and return it with your payment. Continue making your payments until you receive a letter 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



FINANCIAL INSTITUTION

Institution Name _____

Address _____

City _____

State _____ Zip _____

AUTHORIZATION

I hereby authorize PEIA to deduct the required total monthly premium from my checking account on the following date each month (check one):

☐ 5th ☐ 20th

Authorized Signature _____

Date _____

Please remember to sign, date and return this form, with an attached voided check to:
PEIA • State Capitol Complex • Building 5 • Room 1001
1900 Kanawha Blvd., E • Charleston, WV 25305-0710

Please Print.

POLICYHOLDER INFORMATION

Name _____

Address _____

City _____

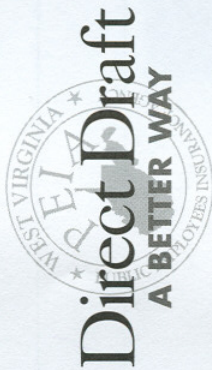
State _____ Zip _____

Phone _____

Checking Account No. _____

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 checking 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 30 days to do so.



West Virginia PEIA
State Capitol Complex
Building 5
Room 1001
1900 Kanawha Boulevard, East
Charleston, WV 25305-0710



S I M P L E R



F A S T E R



F R E E

Direct Draft
A BETTER WAY



**ANNOUNCING A WAY
TO MAKE PAYING**



**YOUR MONTHLY
INSURANCE PREMIUM**



**QUITE A BIT
BETTER**