

Agreement for Preauthorized Payments



I hereby authorize the New Mexico Medical Insurance Pool (NMMIP) to initiate debit entries from my account and Depository designated below. Pursuant to my election, debits will be drawn on the first or fifteenth of each month unless the date falls on a holiday, then it will be drawn the next business day. **Your account will be drafted for the month in which you are due** (e.g., the January amount drafted is for your January coverage).

Last Name		First Name		NMMIP Member ID	
I elect to have funds withdrawn from my account on:			Type of account:		
<input type="checkbox"/> 1 st of the month <input type="checkbox"/> 15 th of the month			<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Name of Financial Institution/Bank (Depository)		City		State	Zip
Routing Number			Account Number		

Attach a Voided Check
A deposit ticket will not be accepted

This authority is to remain in full force and effect until NMMIP and Depository have received written notification from me of this agreement's termination in such time and in such manner as to afford NMMIP and the Depository reasonable opportunity to act upon the request.

Signature	Date
Signature must be from a person who has authority to sign on the account to be drafted.	

Submit this form by mail, email, or fax:

New Mexico Medical Insurance Pool (NMMIP)
 Mail: PO Box 780548, San Antonio, TX 78278
 Email: NMMIP_Eligibility@90degreebenefits.com.
 Fax: 210-239-8449

For questions, contact NMMIP_Eligibility@90degreebenefits.com or call 1-866-306-1882.