

OPTIONAL

AUTOMATIC PAYMENT AUTHORIZATION



For your convenience, you can choose to authorize an Automatic Payment. To authorize your Automatic Payment, please complete the AUTOMATIC CHECKING ACCOUNT PAYMENT section below, attach your statement stub, and mail to the payment address listed on your statement stub.

IMPORTANT THINGS TO KNOW:

- Your first Automatic Payment will be credited to your CarePayment account for your minimum amount due (including any unpaid late fees and past due balance) as of the day CarePayment receives this completed authorization
- All subsequent Automatic Payments will be credited to your CarePayment account on the statement due date each month
- If your statement due date falls on a non-business day, your Automatic Payment will be posted the following business day
- If your minimum payment amount increases, your Automatic Payment amount will increase accordingly
- Your statement stub must accompany this completed form for your Automatic Payment to begin

KEEP THIS TOP SECTION FOR YOUR RECORDS

MAIL THIS BOTTOM SECTION WITH YOUR STATEMENT STUB TO THE ADDRESS LISTED ON YOUR STATEMENT STUB

AUTOMATIC CHECKING ACCOUNT PAYMENT:

CarePayment Account Number: _____

Name on Checking Account: _____

Name of Financial Institution: _____

Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Email: _____

Your Current Address: _____

| | | | |
|---------------------------|-------------|---------------|-----|
| YOUR NAME | | DATE _____ | 101 |
| PAY TO THE ORDER OF _____ | | \$ _____ | |
| | | _____ DOLLARS | |
| YOUR BANK | | | |
| FOR _____ | | | |
| 1 2 3 4 5 6 7 8 9 | 1 2 3 4 5 6 | 101 | |
| A | B | | |

Bank ABA/Routing Number (A):

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Checking Account Number (B):

MUST CHOOSE ONLY ONE

*If your minimum amount due is greater than your chosen amount, the minimum amount due will be automatically withdrawn from your checking account instead.

- Process my automatic payments for the MINIMUM AMOUNT DUE
- Process my automatic payments for MY CHOSEN AMOUNT* of: \$ _____

You have authorized CarePayment to withdraw the minimum payment due amount, or your chosen amount, each month on your statement due date. If your minimum payment due amount is greater than your chosen amount, the minimum payment due amount will be automatically posted instead. If your statement due date falls on a non-business day, your automatic payment will be posted the following business day. By signing below you have indicated that you understand if your balance is to increase your minimum payment due amount may also increase and the amount withdrawn from your checking account will automatically increase accordingly. Your minimum monthly payment is calculated each month on your statement closing date. Any payments or credits posted within the same month's billing cycle will not change the amount automatically withdrawn. You are responsible and liable for all authorized transactions made under this preauthorized transfer agreement. CarePayment will not be held liable for any fees your bank may assess if you do not have sufficient funds in your account to cover the transfer. If your payment is returned unpaid by your financial institution you agree to pay a returned payment fee pursuant to your Agreement. You understand this authorization is to remain in full force and effect until CarePayment has received written or oral notification from you of its termination at least three business days before the scheduled date of the transfer and in such time and in such manner as to afford CarePayment and your financial institution a reasonable opportunity to act on it.

NAME _____ **SIGNATURE** _____ **DATE** _____

QUESTIONS? See reverse for Automatic Payment FAQs. If you have additional questions or concerns while completing this automatic payment authorization, please call CarePayment Customer Care at 866.625.8532.

TERMS OF YOUR AUTOMATIC PAYMENT (FOR YOUR RECORDS):

You have authorized CarePayment to withdraw the minimum payment due amount, or your chosen amount, each month on your statement due date. If your minimum payment due amount is greater than your chosen amount, the minimum payment due amount will be automatically posted instead. If your statement due date falls on a non-business day, your automatic payment will be posted the following business day. By signing below you have indicated that you understand if your balance is to increase your minimum payment due amount may also increase and the amount withdrawn from your checking account will automatically increase accordingly. Your minimum monthly payment is calculated each month on your statement closing date. Any payments or credits posted within the same month's billing cycle will not change the amount automatically withdrawn. You are responsible and liable for all authorized transactions made under this preauthorized transfer agreement. CarePayment will not be held liable for any fees your bank may assess if you do not have sufficient funds in your account to cover the transfer. If your payment is returned unpaid by your financial institution you agree to pay a returned payment fee pursuant to your Agreement. You understand this authorization is to remain in full force and effect until CarePayment has received written or oral notification from you of its termination at least three business days before the scheduled date of the transfer and in such time and in such manner as to afford CarePayment and your financial institution a reasonable opportunity to act on it.

To stop your automatic payment, please send written notification to:
CarePayment Customer Care, 5300 Meadows Road, Suite 400, Lake Oswego, OR 97035

YOUR AUTOMATIC PAYMENT

(for your records):

Bank ABA/Routing Number:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Checking Account Number:

Process my automatic payments for the MINIMUM AMOUNT DUE each month

OR

Process my automatic payments for MY CHOSEN AMOUNT of:

\$ _____



AUTOMATIC PAYMENT FAQs

What is an Automatic Payment and how does it work?

By signing up for Automatic Payments, you are choosing to have your monthly minimum payment, or a chosen amount, automatically deducted from your checking account each month. Your first Automatic Payment will be credited to your CarePayment account for your minimum amount due (including any unpaid late fees and past due balance) as of the day CarePayment receives this completed authorization. All subsequent Automatic Payments will be credited to your CarePayment account on the statement due date each month. If your statement due date falls on a non-business day, your automatic payment will be posted to your account the following business day.

How much does it cost to sign up for Automatic Payments?

It's free! You also save money on postage every month and avoid the possibility of missing a payment. Paying your hospital bills has never been easier!

Will my Automatic Payment amount ever increase, and how will I know?

Your minimum monthly payment is calculated based on your highest total balance. Please refer to your Agreement and Initial Disclosure Statement for your minimum payment calculation. If your minimum amount due increases, your Automatic Payments will also increase accordingly. CarePayment will send you a statement each month showing the minimum amount due that will be automatically withdrawn on the statement due date. If your Automatic Payment is setup for a chosen amount, your chosen amount must be greater than your minimum amount due, or your minimum amount due will be automatically withdrawn instead. Your statement will also detail the previous month's transaction activity. You can also access your CarePayment account detail online by enrolling for online services at <http://member.carepayment.com>.

Can my chosen Automatic Payment amount be less than my minimum amount due?

No. If your minimum amount due is greater than your chosen amount, the minimum amount due will be automatically withdrawn and posted to your account instead.

If I make additional payments toward my CarePayment account, will my Automatic Payment amount be adjusted?

No. Your minimum monthly payment is calculated each month on your statement closing date. Additional payments made within the same month's billing cycle will not reduce the amount automatically withdrawn.

How do I modify or stop my Automatic Payment?

You can stop or modify your Automatic Payment at any time. CarePayment must receive written or oral notification from you of its termination at least three business days before the scheduled date of the transfer and in such time and in such manner as to afford CarePayment and your financial institution a reasonable opportunity to act on it. Call CarePayment Customer Care at 1.866.625.8532, or send your written request to: CarePayment Customer Care, 5300 Meadows Road, Suite 400, Lake Oswego, OR 97035. If you wish to modify your Automatic Payment (either the amount automatically withdrawn or the bank account from which your automatic payment is withdrawn) you will be required to submit another form that contains updated information.