

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

We know that you value your healthcare coverage. That's why we recommend Auto-Pay to all members who must make health insurance premium payments to SFHSS. Auto-Pay charges your credit or debit card automatically each month for the amount of your required premium contribution, so your coverage will not be at risk of termination due to a late or forgotten payment. Simply complete this form and return by fax to SFHSS.

Auto-Pay Authorization

I hereby authorize the City and County of San Francisco Health Service System (SFHSS) to charge applicable healthcare contribution payments, including any delinquent contributions for which SFHSS has sent me notice, to the credit/debit card account listed below. I understand that I may discontinue this payment service at any time by notifying SFHSS at least thirty (30) days prior to any payment due date. I also understand that the amount charged to my credit/debit card may change if I add or delete dependent(s) or in the event a premium change is approved by the Health Service Board. Please print:

Employee / Retiree Name _____
Cardholder Name _____
(as shown on credit/debit card)

DSW Number _____

Cardholder Address _____
(as shown on credit/debit card)
City _____ State _____ Zip Code _____
Telephone _____ Email Address _____

Card # _____
 Visa Mastercard Amex Discover Diner's Club Pulse Star NYCE

Expiration Date _____ / _____ CVV Code _____
Cardholder Signature _____ Date _____

Return this Form by Fax to: (415) 554-1721
Attention: SFHSS Member Services

Please allow 30 days for
Auto-pay to start.

SFHSS USE ONLY

Employee ID: _____
Plan #1 ID: _____ Amount: _____
Plan #2 ID: _____ Amount: _____
Paygroup: _____ Total: _____

