



## **Simplify Life with Payment Options!**

**Local Government Health Insurance Board  
Accounting Department  
PO Box 304900; Montgomery, AL 36130-4900**

*The Local Government Health Insurance Board (LGHIB) offers you three ways to make your unit's premium payments.*

### **Option 1: Automatic Bank Drafts**

**When you choose to pay through automatic bank drafts, your monthly premium is automatically drafted from your bank account.**

- Enrollment is simple. Complete and return the attached form to the address listed above.
- You don't have to worry about due dates, late fees, or the risk of service interruption.
- You save on postage.
- You can pay from either your checking or savings account.
- You may log in to your unit's [my.lghip.org](http://my.lghip.org) account to view your monthly bill.
- Your payment is made on the first day of the month in which your premium payment is due, as shown on your online statement.
- You can change your payment preference or cancel at anytime.
- It's FREE!

### **Option 2: E-Check**

**Using the e-check payment option will free you from the worry of late payments and save you on the rising cost of postage and check supplies. You won't have to remember to write your check and mail your payment.**

- Payments can be made by e-check through your online account or by calling our office at (334) 263-8326.
- You may log in to your unit's [my.lghip.org](http://my.lghip.org) account to view your monthly bill.
- You decide when to have your bank account charged. Your payments must continue to be current to avoid cancellation.
- It's FREE!

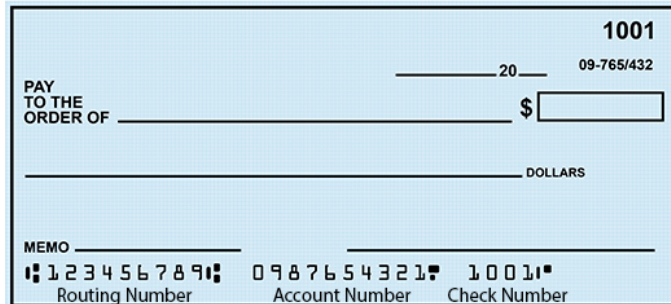
### **Option 3: Traditional Mail Payment**

- You may log in to your unit's [my.lghip.org](http://my.lghip.org) account to view your monthly bill.
- Make your payment before the **end of the month**. Your payments must continue to be current to avoid cancellation.

## Local Government Health Insurance Board Pre-Authorized Payment Service Authorization Agreement

I authorize the Local Government Health Insurance Board (LGHIB) and the financial institution listed below to electronically debit or credit my account as specified:

|                                    |
|------------------------------------|
| Checking or Savings Account Number |
| Name of Financial Institution      |
| Enter Routing Number               |



This authority is to remain in full force and effect until LGHIB and my financial institution have received written notification from me of its termination. This should be done in such time and manner as to afford the LGHIB and the financial institution a reasonable opportunity to act on it.

| UNIT INFORMATION                      | ACCOUNT HOLDER INFORMATION                |
|---------------------------------------|---|
| <b>LGHIB Unit Number</b>              | <b>(If different from unit)</b>           |
| <b>LGHIB Unit Name (please print)</b> | <b>Account Holder Name (please print)</b> |
| <b>Authorized Signature</b>           | <b>Account Holder Signature</b>           |
| _____                                 | _____                                     |
| _____                                 | _____                                     |
| <b>Date</b>                           | <b>Date</b>                               |

Please staple a voided check to this form to verify account information for withdrawals from your checking account or a deposit slip for withdrawals from a savings account.

Return this form to:

Local Government Health Insurance Board  
Accounting Department  
PO Box 304900  
Montgomery, AL 36130-4900  
accounting@lghip.org