

DATE

POLICYHOLDER NAME
MAILING ADDRESS
CITY, ST ZIP

Dear POLICYHOLDER NAME,

Please complete the form below and return it along with your voided check to the Colorado Health Insurance Buy-In (HIBI) program to receive your reimbursements by direct deposit.

With direct deposit, Colorado HIBI will deposit your premium payment into your bank account.

- **It's easy!** Your payment goes straight into your bank account.
- **It's fast!** You can get your payment the same day.
- **It's safe!** Your money will not get lost, stolen or delayed.

You can set up direct deposit in 3 easy steps:

1. Fill out and sign the form below.
2. Write "VOID" across the front of one of the policyholder's blank check.
3. Complete and fax your documents to (855) 226-4424, or mail them to:
Colorado HIBI Program, 5615 High Point Dr, Irving, TX 75038

If you have any questions, contact the Colorado HIBI program at our toll-free number (855) MyCOHIBI or (855) 692-6442.

Direct Deposit Enrollment Form

Name on Bank Account (Please Print): _____

Bank account number: _____ Routing number: _____

Signature: _____ Date: _____

Phone Number: _____

Note: Attach a copy of your voided check. Your voided check has your bank's routing number and your bank account number; both are needed to send your payment by direct deposit.