

# TRICARE® YOUNG ADULT (TYA) ELECTRONIC FUNDS TRANSFER (EFT) / RECURRING CREDIT CARD (RCC) REQUEST FORM

*Instructions: Please select the preferred automated payment method and fill out the required fields. Your account must be current to start an automated payment. If payment is due within the next 30 days, please enclose a payment by check or credit card. For EFT requests: if paying current by credit card, please select One-Time Payment and complete the credit card information in addition to the EFT information. RCC requests will be brought current using the card indicated if no check is enclosed. In the event the monthly transaction is rejected, Health Net Federal Services will stop the automated payment option and bill for any amount due. Changes to existing electronic funds transfer or recurring credit card payments must be received by the 20th of the current month to be effective the next month.*

## APPLICANT INFORMATION

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Action Requested:

Please **START** a monthly payment option.  Please **CHANGE** my existing authorization.

*Please note: If you voluntarily disenroll from TYA, your recurring monthly payment will automatically stop.*

### ELECTRONIC FUNDS TRANSFER (EFT)\*

Account Holder's Name (Please Print) \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

9-Digit Bank or ABA Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_  Checking  Savings

### VISA/MasterCard Recurring Credit Card Payment (RCC) One Time Payment

Cardholder Name (Please Print) \_\_\_\_\_

Card Number \_\_\_\_\_ Exp Date (MM/YYYY) \_\_\_\_ / \_\_\_\_

Card Validation Number \_\_\_\_\_

**Signature** \_\_\_\_\_

*This signature authorizes Health Net Federal Services to start a monthly automated payment option using the method selected above. Health Net Federal Services is also authorized to charge the credit card account indicated the fees needed to start my EFT or RCC. I understand that Health Net will assess a \$20 administrative fee for any payments returned due to insufficient or unavailable funds.*

Submit the completed form to the TRICARE Service Center (TSC) or mail to the following address:

**HEALTH NET FEDERAL SERVICES**  
**PO BOX 105425**  
**ATLANTA, GA 30348-5425**  
**FAX: (888) 745-1550**