

## TRICARE Reserve Select Electronic Funds Transfer (EFT) Authorization Form

### Instructions:

- Complete numbers 1, 2, and 3. Please sign and date.
- Attached a voided check from checking account.
- You may submit to the TRICARE Service Center (TSC) or mail/fax to the following address:  
Humana Military Healthcare Services  
P.O. Box 740002  
Louisville, KY 40201-7402  
Fax: 1-866-836-9535

### 1. Beneficiary Information

Name: \_\_\_\_\_

Sponsor SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### 2. Financial Institution Information

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_ - \_\_\_\_

### 3. Account Information

Please check one:  Checking (attach voided check)       Savings

Bank or ABA Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

### Acknowledgement/Signature

I, \_\_\_\_\_, choose to have my enrollment fees paid by electronic fund transfer.  
(signature of account holder)

Date: (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

### Authorization to stop EFT

I, \_\_\_\_\_, authorize Humana to **Stop** my existing Electronic Funds  
(signature of account holder)

Transfer (EFT), so that my TRICARE Reserve Select coverage is paid through the last day of  
(MM/YY) \_\_\_\_ / \_\_\_\_.