

TRICARE Retired Reserves Electronic Funds Transfer (EFT) Authorization Form

Instructions:

- Complete numbers 1, 2, and 3. Please sign and date.
- Attach 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
Attn: TRR
P. O. Box 740061
Louisville, KY 40201-7461
Fax: 1-866-836-9535

1. Beneficiary Information

Name: _____

Sponsor SSN: _____ - _____ - _____

2. Financial Institution Information

Name: _____

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/YY) ____ / ____.

Authorization to stop EFT

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

Transfer (EFT), so that my TRICARE Retired Reserves coverage is paid through the last day of
(MM/YY) ____ / ____.