

New Mexico Health Insurance Exchange (NMHIX)
Automated Clearing House (ACH) Form for Premium Payments



The information collected on this form will be used by NMHIX to deduct your premium payment, by electronic means, from your bank account. Failure to provide the requested information may delay or prevent the receipt of payment through the ACH payment system. **Return the completed form via secure (encrypted) email to: PremiumBilling@nmhix.com**

Please check one of the following: One-time payment* Recurring payment (auto-draft)**

| Payee/subscriber Information <i>please print</i> | | |
|--|----------------------------|--------------------------|
| Subscriber Name | Reference ID | |
| Mailing Address | | |
| City, State, Zip | | |
| Name on Bank Account | Telephone Number | E-mail address |
| Alternate Contact Name | Alternate Telephone Number | Alternate E-mail address |

| Bank Account Information | |
|----------------------------|---------------------|
| Routing Number (ABA) | Bank Account Number |
| Financial Institution Name | |
| Address | |
| City, State, Zip | |

*One-time payments will be processed within 2-3 business days

**Recurring payments will be processed on the 18th of the month for the following coverage month

| | |
|--|------|
| Name of Subscriber/Authorized Account Holder <i>please print</i> | |
| Signature of Subscriber/Authorized Account Holder | Date |