

## BANK DRAFT INFORMATION

**STOP! Complete this section *only* if you have chosen the monthly automatic payment option.**

**A. If you requested the "Bank Draft" option, what is to be included?**

- Only the Coverage Applied for Today     All Coverage (New and Existing)

**B. Initial Premium**

**Authorization to Bank or Other Financial Institution**

- Checking     Savings

First Name (as it appears on account)

M.I.

Last Name (as it appears on account)

Bank or Financial Institution Name (including branch, if any)

Routing Number

Bank or Financial Institution's Address

Account Number

**C. Ongoing Premium (Complete C only if different from Initial Premium information)**

**Authorization to Bank or Other Financial Institution**

- Checking     Savings

First Name (as it appears on account)

M.I.

Last Name (as it appears on account)

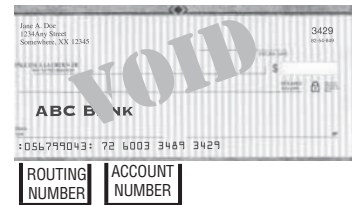
Bank or Financial Institution Name (including branch, if any)

Routing Number

Bank or Financial Institution's Address

Account Number

**D. Please read:** By providing my account information here and signing the application for insurance coverage, I authorize the bank whose name and address I am providing to pay and to charge to my account the amount of any check, instrument, or any other funds made by and payable to Medico Insurance Company and/or Medico Corp Life Insurance Company for insurance premiums. I authorize Medico Insurance Company and/or Medico Corp Life Insurance Company to contact my bank or financial institution on my behalf for the sole purpose of obtaining information necessary to administer my preauthorized withdrawals in conjunction with my insurance coverage. This authorization is to remain in effect until revoked by me in writing. Until you receive and have reasonable time to act on such notices, you shall be fully protected in accepting any preauthorized withdrawal against my account.



## CREDIT CARD AUTHORIZATION

**STOP! Complete this section *only* if you are paying by credit card.**

By providing this information and signing the application for insurance coverage, you authorize Medico Insurance Company and/or Medico Corp Life Insurance Company to bill your MasterCard/Visa account for the initial premium.

**A. If you requested the "Credit Card" option, what is to be included?**

- Only the Coverage Applied for Today     All Coverage (New and Existing)

**B. Initial Premium**

**Credit Card Information:**     MasterCard     Visa

Credit Card Number

Card Security Code (3 digits)

Expiration Date

**Billing Address:**

Billing information must be entered exactly as it appears on the credit card statement. Please check the statement for accuracy to avoid delays in processing.

First Name

M.I.

Last Name

Billing Address

City

State

Zip Code

**C. Ongoing Premium (Complete C only if different than Initial Premium Information)**

**Credit Card Information:**     MasterCard     Visa

Credit Card Number

Card Security Code (3 digits)

Expiration Date

**Billing Address:**

Billing information must be entered exactly as it appears on the credit card statement. Please check the statement for accuracy to avoid delays in processing.

First Name

M.I.

Last Name

Billing Address

City

State

Zip Code