

# Automated Payment Plan (ACH)

## Here's How You Benefit From Automatic Premium Payment:

**Peace of Mind** – have peace of mind that your Medica coverage continues because your health plan premium is paid on time, every time.

**Easy** – no more wondering if you have envelopes, stamps or checks on hand.

**Safe** – Automatic premium payment is a safe transaction, protecting you and your hard-earned money. Should there ever be a dispute about a fund transfer, electronic records make it easier to resolve the issue. The fund transfer is conducted using the Automated Clearing House (ACH) system with the withdrawal happening up to the 4th of the month. ACH is a fund transfer system with national rules, standards and procedures that allows financial institutions to make electronic payments on behalf of its customers. ACH is widely used by financial institutions across the country.

## Here's What You Need To Do:

- **Complete the Authorization Form below. For additional assistance in identifying your account routing number, please see the check graphic on reverse.**
- **If you are mailing this Authorization Form along with an application for coverage, please be sure you include a check for one month's payment.**
- **If you are already a Medica Solo,<sup>SM</sup> Medica Direct Value<sup>SM</sup> or Medica Direct HSA<sup>SM</sup> member, do not send money. However, in order for the ACH program to be activated by the time your next premium is due, Medica must receive the attached Authorization Form at least 30 days prior to the start of the month you would like it effective. Mail the completed form to the address listed at the bottom of the Authorization Form below.**



*Please cut along dotted line to detach Authorization Form.*

## Automated Payment Plan (ACH) Authorization Form

Name on bank account:

Bank account number:

Account routing number (found along bottom of check):

Bank name:

Telephone:

City:

State:

Zip code:

I authorize Medica and the bank named above to initiate monthly withdrawals from my checking or savings account, as indicated. This agreement will remain in effect until I notify Medica and my bank in writing to cancel it.

Print name of applicant:

Social Security No.:

**X**

Date:

Signature of bank account holder

**X**

Date:

Signature of bank account holder (if joint account)

**Please mail this completed ACH Authorization Form to:**

Medica Automated Payment Plan  
Attn: Individual Administration Route MN015-2838  
4316 Rice Lake Road  
Duluth, MN 55811

**Or, fax it to:** 218-279-6493

## To identify your account routing number

Your account routing number is the nine-digit number located in the lower left corner of your personal checks as shown in the sample check graphic here.

A sample check graphic with the following details:

- Top Left: JANE A DOE, 1234 Anystreet Ave, Anytown, US 12345-9876
- Top Right: 1234, 12-9876/3456
- Center: A large oval containing the routing number 123456789.
- Bottom Left: Bank Name 4321 Bank St, Bank City, US 12399-0155
- Bottom Right: 01234
- Other fields: Date, Pay to the Order of, Dollars, For

## Please detach and mail this completed ACH Authorization Form to:

Medica Automated Payment Plan  
Attn: Individual Administration Route MN015-2838  
4316 Rice Lake Road  
Duluth, MN 55811

**Or, fax it to:** 218-279-6493

The ACH fund transfer will then remain in effect until you notify Medica and your bank in writing to cancel it. If you wish to stop the ACH fund transfer, you must notify Medica seven business days prior to the month premium is due. In addition, you will be notified within at least 30 days of any premium increase before the higher premium is deducted from your account.

**If you have any questions concerning the ACH plan,** please call Medica at 952-992-1805 or 1-866-894-8051 between 8 a.m. to 5 p.m. Monday through Thursday or 9 a.m. to 5 p.m. Friday. TTY users may call 952-992-3650 or 1-800-234-8819.

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