

Credit Card Authorization Form

Medica accepts Visa and MasterCard for payment of the first month's premium for Medica Individual Plans. To pay your first month's premium using a credit card, simply complete and sign this form, and attach it to your application form.

Your credit card will only be charged for the initial month's premium if your application is approved through our underwriting process. Once we have charged your initial month's premium, or if your application is not approved through our underwriting process, we will dispose of your credit card information in a secure fashion.

Please PRINT CLEARLY in blue or black ink.

Applicant's Name: _____

Credit Card Type: Visa MasterCard

Credit Card Number: - - -

Credit Card Expiration Date: ____ / ____ / ____ / ____
(mm/yyyy)

Amount to be Charged: \$ _____ . _____

I understand that my signature on this form will serve to authorize Medica to charge the above amount to my credit card.

Name As it Appears On Credit Card: _____

Signature of Cardholder: _____