Medica.

Scheduled Direct Debit Authorization Form

Here's How You Benefit From Scheduled Direct Debit

- ***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 money. Scheduled Direct Debit is a fund transfer system with national rules, standards and procedures that allows financial institutions to make electronic payments on behalf of its customers.

Three Easy Steps to Set-up

1. Complete the information below
2. Attach a copy of a **voided check** showing the bank account to debit (do not send a deposit slip)
3. Mail the form and copy of the voided check to:
   Medica
   PO Box 30986
   Salt Lake City, UT 84130-0986

   Or, fax the form and copy of the voided check to: 1-888-476-5127

If you wish to speak to someone in further detail regarding this process, please call us at **1-800-892-8354**

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I hereby authorize Medica to initiate monthly debits (payments) from the financial institution indicated below. Medica will use these debits to pay the applicable premium. Medica's authorization to debit the account will remain in full force and effect until Medica is notified in writing of its cancellation at least 10 days prior to the draft date. I understand all terms and conditions on this form.

- **Please indicate the month to begin Scheduled Direct Debit**. Allow up to one month for activation. _______________
- During the period Scheduled Direct Debit is being set up, payments will need to be sent via check.
- Once the Scheduled Direct Debit has been activated your invoice remittance stub will indicate: "*Do not mail/submit payment. A request for fund withdrawal will be initiated from your bank account on the 10th of the month*."

Business Name	Customer Number or Group Number(s)
Name of Financial Institution	American Bankers Association (ABA) Routing#
Address & Phone Number of Financial Institution	Account Number* to debit
Authorized Signature and Title	Date

*Please contact Medica at the number above, if your bank account has a "debit blocker."

I understand that the monthly invoice will serve as the draft notice for funds being withdrawn from the account. I understand that if the necessary funds are not available on the day of the draft to cover the premium invoice, coverage may be subject to termination under the terms stated in the contract with Medica. Medica will have the right to recover any expenses incurred by Medica subsequent to the termination date as a result of insufficient funds.

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