

## BANK DRAFT INFORMATION

Complete this section only if you selected the automatic bank withdrawal payment option.

### Ongoing 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)

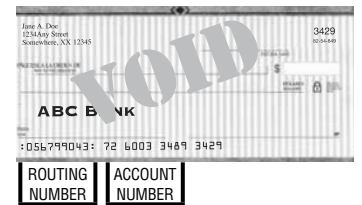
Bank or Financial Institution Name (including branch, if any)

Routing Number

Bank or Financial Institution's Address

Account Number

**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, Medico Corp Life Insurance Company, and/or Medico Life and Health Insurance Company (the "Company") for insurance premiums. I authorize the 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.



**Note:** Enrollments using a credit or debit card for premium payments must be submitted electronically. Paper applications cannot contain credit or debit card information.