



Medicare Supplement  
Administration  
PO Box 10875  
Clearwater, FL 33757-8875

Office: 1-855-774-4491  
Fax: 1-816-701-2549  
Online: lumico.com

## ELECTRONIC PAYMENT AUTHORIZATION FORM

Insured Name: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

**Sign and date this authorization below**

As a convenience to me, I hereby request and authorize you to pay and charge to my bank account checks drawn by and payable to the order of Lumico Life Insurance Company provided there are sufficient collected funds in said account to pay the same upon presentation. It will not be necessary for any officer or employee of Lumico Life Insurance Company to sign such checks. I agree that your rights in respect to each such check shall be the same as if it were a check drawn by you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Please indicate below when you would like your account drafted. Many of our customers have requested the option to pay their premiums on the same day they receive Social Security or SSI payments. The options below allow you to select the date that best fits your needs. You may select any option regardless of whether or not you receive Social Security.

**Section 1 – Select one of the following date options**

Initial Premium Payment: **(choose one)**  
 Same as Subsequent Premium Payments date below, on or after the requested Effective Date  
 On the Policy Issue Date  
 Paid by enclosed check

Subsequent Premium Payments: **(choose one)**

1 <sup>st</sup> day of the Month	2 <sup>nd</sup> Wednesday of the Month
3 <sup>rd</sup> day of the Month	3 <sup>rd</sup> Wednesday of the Month
	4 <sup>th</sup> Wednesday of the Month

(If the selection above falls on a weekend or holiday, deductions are scheduled for the prior business day)

Other, please specify a day of the month from the 1<sup>st</sup> to 28<sup>th</sup> \_\_\_\_\_  
 (if this date falls on a weekend or holiday, deduction will be on the next business day)

**Section 2 – Select one of the payment options and complete account information (or attach a Void check)**

Checking      Savings

Accountholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Attach void check here

or complete information below

Accountholders Name: \_\_\_\_\_

Branch/Bank Name: \_\_\_\_\_

Routing number: \_\_\_\_\_

Account Number: \_\_\_\_\_