MEDICO®
LIFE AND HEALTH INSURANCE COMPANY

P.O. Box 10386
Des Moines, IA 50306-0386
Toll Free 1-800-228-6080

Policy/Certificate Number: _____

Authorization to Charge Credit Card for Premium

Available only for monthly modes. Not available for all states or all plans. Please contact Customer Service to check availability.

❑ **VISA** ❑**MasterCard**

Credit Card Authorization: *I authorize Medico Life and Health Insurance Company to bill my VISA/MASTERCARD account for full premium, and any applicable association dues and application fee.* ***NOTE: We will debit your account upon policy/certificate activation which may not coincide with the effective date of the policy/certificate.***

Account Number					-					-					-					Exp. Date			/		
Signature _____ Date _____																									
											Phone Number				-				-						

Authorization to Honor Checks

If you select the Bank Draft option, please complete the following:

I (we) hereby authorize Medico Life and Health Insurance Company ("MLHIC") to initiate debit entries to the account and depository (Depository) indicated below, to debit the same to such account. This authority is to remain in full force and effect until MLHIC and Depository have received written notification from me (or either of us) of its termination in such time and in such manner to afford MLHIC and Depository a reasonable opportunity to act on it. I understand that the withdrawal will be made on the effective date of the policy/certificate. ***NOTE:*** **We will debit your account for the application fee upon submission of the application. The premium and any application association dues will be debited upon policy/certificate approval which may not coincide with the effective date of the policy/certificate.**

Signature of Payor _____ *Date Signed* _____

❑ **To begin Bank Draft Withdrawals:**
Withdrawal date will be effective date of policy/certificate.
Bank Name _____

Address _____ City _____ State _____

❑ **Type of Account to be drawn from:**
❑ Checking ❑ Savings
❑ Business Account ❑ Personal Account

❑ **To add this policy/certificate to an existing Bank Draft:**
Please write numbers clearly.

Policy/Certificate Number _____

Jane Doe 1234
2139 S. 33 St.
Anytown, USA 12345 Date _____
_____ $
_____Dollars
Bank Name
Memo_____ _____
(Routing #) (Account #)

Routing (9 digits) _____ Account # _____

Please submit a voided check with the Authorization

To: *The Bank Named Above*

As consideration to you to handle drafts drawn by Medico Life and Health Insurance Company on customers of your bank for payment of premiums on insurance policy/certificates, Medico Life and Health Insurance Company agrees:

(1) To indemnify and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft or order, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment, including any costs or expenses reasonably incurred in connection therewith.

(2) In the event that any such check, draft or order shall be dishonored whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in a forfeiture of the insurance.

(3) To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing requests, or in any manner arising by reason of your participation in the foregoing plan of premium collection.

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