MEDICO®

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

Policy/Certificate Number _____

Bank Draft Authorization

Complete this section if you have chosen the monthly automatic payment option for ongoing premium payment.

Authorization to Bank or Other Financial Institution

❑ Checking ❑ Savings

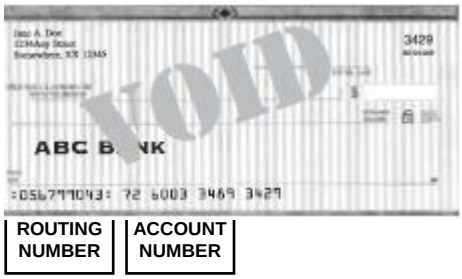
Accountholder's Name (As it appears on account. Please print.): _____

Bank or Financial Institution Name (Including branch, if any.): _____

Bank or Financial Institution Address: _____

Routing Number (9 digits):_____ Account Number: _____

Please Read: By providing my account information and signing this form, 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.



Please submit a voided check with the Authorization

Signature: _____ Date: _____

Credit Card Authorization

Complete this section if you have chosen a credit card payment option for ongoing premium payment.

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

Please Read: By providing this information and signing this form, you authorize Medico Insurance Company, Medico Corp Life Insurance Company, and/or Medico Life and Health Insurance Company to bill your MasterCard/Visa account for your insurance premium.

Credit Card Information: ❑ VISA ❑ MasterCard Expiration Date:_____

Credit Card Number: _____ Card Security Code (3 digits): _____

Billing Information (Please print information exactly as it appears on the credit card statement. Check the statement for accuracy to avoid delays in processing.):

Name: _____

Billing Address: _____

Signature: _____ Date: _____

Medico Insurance Company administers for Ability Insurance Company
Medico Life and Health Insurance Company administers for Pioneer Mutual Life Insurance Company