

Bank Draft Information

www.GoMedico.com
Toll-Free 800-228-6080

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Billing Address	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank or Financial Institution Name (including branch, if any)	Routing Number
<input type="text"/>	<input type="text"/>

Bank or Financial Institution's Address	Account Number
<input type="text"/>	<input type="text"/>

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 (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.

