

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT**  
**ACH DEBIT AUTHORIZATION FORM**

This is an authorization between MercyCare Health Plans and \_\_\_\_\_ (Policy Holder's Name or Account Holder); hereafter called Company/Member, to initiate debits/withdrawal from: **(Select One)**

Checking Account       Savings Account

Indicated at the depository financial institution named below: hereafter called DEPOSITORY, and to debit the same account for monthly premium payment. Furthermore, Company/Member hereby authorizes MercyCare Health Plans in the case of a clerical error to initiate credit entries to our account and the Depository to credit the same to such account. Company/Member acknowledges that the origination of ACH transactions to our account must comply with the provisions of U. S. Law.

Company/Member understands that if the funds are not available in my account, and ACH is returned to MercyCare Health Plans as NSF there can be an addition NSF Fee applied.

ACH processing begins on the 10th of the each month and may conclude in that following week.

Depository Name (Bank name): \_\_\_\_\_ Name on Bank Account: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

This authorization is to remain in full force and effect until MercyCare Health Plans has received written notification from Company/Member of its termination by the first day of the month the ACH is scheduled to be processed in, afford MercyCare Health Plans and Depository a reasonable opportunity to act on notification.

Signature: \_\_\_\_\_ 2<sup>nd</sup> Signature (if applicable): \_\_\_\_\_

Print Name: \_\_\_\_\_ 2<sup>nd</sup> Print Name (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

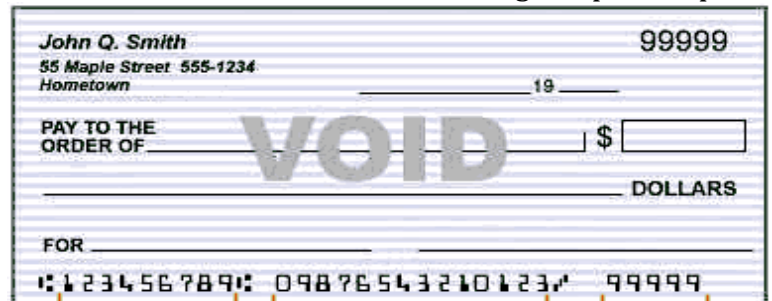
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**MercyCare Health Plans Name, Account Number of Policy Holder:** \_\_\_\_\_

Please return completed form to:

MercyCare Health Plans  
 Finance Department - ACH  
 PO BOX 550  
 Janesville WI, 53547

Please attach a voided check or saving's deposit slip



Bank Routing Number      Checking Account Number      Check Number  
 Do Not Enter