

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH Debits)**

This is an authorization between MercyCare Health Plans and \_\_\_\_\_; hereafter called Company/Member, to initiate debits entries to: *(Select One)*

**Checking Account**

**Savings Account**

Indicated at the depository financial institution named below; hereafter called DEPOSITORY, and to debit 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.

Additionally, Company/Member hereby authorizes MercyCare Health Plans to initiate credit entries to our account and the DEPOSITORY to credit the same to such account, in the case where the incorrect amount has been debited to such account in error.

**Depository Name:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

This authorization is to remain in full force and effect until MercyCare Health Plans has received written notification from Company/Member of its termination in such time and in such manner as to afford MercyCare Health Plans and DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Effective Date *(if different than Date)***