# Authorization Agreement for ACH Debit/Change Method of Premium Payment

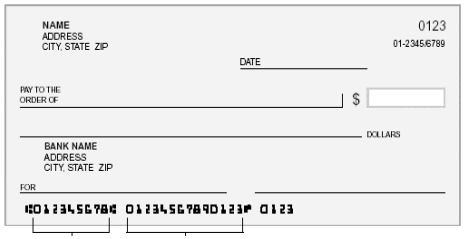
To authorize a monthly ACH debit or to request a change in the method of premium payment, please indicate which billing method you are changing to and complete all applicable information. You will then need to sign, date and return this form to MHC. See the bottom of this form for details.

☐ **ACH / EFT Draft** **Member Name:**_____ **Member Number:** _____

***Please note: Premiums are withdrawn on the 1st calendar day of the month (or next business day) in which they are due.***

**Attach a voided check or savings account deposit slip to provide the banking information.**

**(Please do not attach a checking account deposit slip. These do not contain the correct information.)**




**Type of Banking Account:** ☐ Checking Account ☐ Savings Account

**Name of Bank or Savings Institution**: _____

**9-Digit Routing Number**: _____ **Account Number**: _____

**Name that appears on the Account**:_____**Address on the Account**:_____

**Relationship of Account Holder to the Primary Applicant**: ☐ Self ☐ Spouse ☐ Other_____ **Note: Business bank accounts may not be accepted.**

Account Holder hereby authorizes MHC to collect the premium payment due, via automatic withdrawal from the account identified and provided herein or then current. By signing below, I authorize MHC to initiate automatic withdrawal of applicable premium payments from the account listed above. **I understand that it is my responsibility to notify MHC if I change banks or account numbers.** I further agree this authorization will remain in effect until I provide written notification terminating this service. This request must be received at least ten (10) business days prior to the next scheduled draft date.

**Account Holder Signature:**_____ **Date:**_____

**Account Holder Name (print):**_____ **Phone Number:**_____

**Please Print**

**Complete, sign, date and fax this form to MHC Member Services at 1-406-447-5799**
**or mail the completed form to MHC Member Services, *P.O. Box 5358, Helena, MT 59604* or email completed form to**
memberservice@mhc.coop