



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 **Group Name:** _____

Premiums are withdrawn between the 18th and 25th of the month (or next business day) depending on the date you choose:

18th 19th 20th 21st 22nd 23rd 24th 25th

Please provide the following information: 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: _____

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: _____