



Mountain Health Co-Op

THIS FORM MUST BE COMPLETELY FILLED OUT TO BE ACCEPTED

Form with fields: Proposed Insured's Name, Policy Number (Home Office Only), Name of Financial Institution, Address & Phone Number of Financial Institution, Transit No. & Routing, Savings or Dedicated Account No.

Bank account is (Check appropriate box)

- Personal Checking Account, Personal Savings Account, Account Corporate/Business Checking, Dedicated Draft Checking Account, Dedicated Share Savings

Reason for Submitting Form:

- New pre-authorized payment plan, Change in Account/Routing Number, Change in Bank, Change of Draft Day, Change in Amount of Draft

Withdraw My Payment: Monthly, Quarterly, Semi-Annual, Annual. Draft Amount: \$_____

You have the option of selecting either a specific date, or a specific week and day for the draft to occur each month:

If you want your draft to occur on a specific date, please enter a date (between 1st and 28th) _____ each month beginning in _____ (month/year draft to begin).

For drafts occurring on a specific day and week you must select what week and day the draft should occur beginning in _____ (month/year draft to begin):

Select the week each month: 1st, 2nd, 3rd, 4th

Select the day of the week: Monday, Tuesday, Wednesday, Thursday, Friday

APPLICANT INFORMATION FOR FINANCIAL INSTITUTIONS:

As a convenience to me, I hereby request and authorize you to pay and charge to my account, drafts drawn on my account by and payable to Mountain Health Co-Op provided there are sufficient funds in said account to pay the same on presentation.

APPLICANT INFORMATION FOR MOUNTAIN HEALTH CO-OP:

It is understood that the drafts will be drawn on or about the requested date each month. The presentation of such drafts to the above Financial Institution shall constitute notice of premiums being due upon the contract, and no other notice of premiums due will be given.

Form with fields: Print name as it appears on account, Date, Signature of depositor