



AUTO-DEBIT AUTHORIZATION FORM

Your premium payments can be deducted directly from your bank account. To enroll in the auto-debit service, please complete and return this form with a voided check, if possible.

When you enroll in auto-debit, your account will be debited on the first business day of each month. Any change to the amount you owe after the invoice creation date will be credited or debited to your account the following month. You will continue to receive a paper or electronic invoice and itemized monthly membership roster.

If there is not enough money in your account to cover the premium due, a \$25 fee will be charged. It can take up to 10 business days to activate auto-debit from your account. As a result, two full months of payments may be taken when you first sign-up. Please make sure you have enough funds in your account to cover all premiums due.

Financial Institution Name

Routing Number

Account Number

By signing below, I hereby authorize SummaCare, Inc. and the financial institution named above to initiate electronic debit entries, and if necessary, credit entries to my account. I acknowledge that the origination of transactions to my account must comply with the provision of U.S. law. This authority will remain in effect until SummaCare has received written notification from me of its termination in such time and manner as to afford SummaCare and/or the financial institution a reasonable opportunity to act upon it.

Printed Name
(as it appears on your Bank
account)

Authorized Signature & Date

SummaCare Group Number

Group Name
(if different from the name on the bank account above)

Please return completed forms to: SummaCare Eligibility, PO Box 3620, Akron, OH 44309-3620

Fax to: 330-996-8953

Scan and to Email: GroupIndSolProcess@summacare.com