



SummaCare Medicare Advantage Direct Debit/Credit Card Authorization Form

Company Name: SummaCare, Inc. / Company ID Number 34-1726655

I hereby authorize SummaCare, Inc., hereinafter called SummaCare, and the financial institution issuing the account, credit or debit card named below, to initiate electronic draw, debit or credit transactions to my account. I acknowledge that the origination of automatic withdrawal, credit or debit card transactions to my account must comply with the provision of U.S. law.

Member Name

Date of Birth (MM/DD/YYYY)

SummaCare Member ID Number OR Medicare Number

Phone Number

For Card

Please indicate: ☐ Credit or ☐ Debit

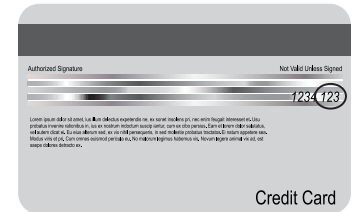
(Note: Card must have either the Discover, MasterCard or VISA logo to be processed)

Cardholder's Name

16-digit Card Number

Expiration Date

CVV*



*Last three digits of the number located on the signature on the card

For Direct Withdrawal

Please indicate: ☐ Checking Account or ☐ Savings Account

Bank Account Holder's Name

Financial Institution's Name, Branch and Address
(Include City, State and Zip)

Routing Number

Account Number

DATE		0025
PAY TO THE ORDER OF		\$
		DOLLARS
MEMO		AUTHORIZED SIGNATURE
789123456	123789456123	0025
Routing No.	Account No.	Check No.

*Account Holder's Signature

Date

*If the individual cannot sign, a court-appointed Legal Guardian or person with Durable Power of Attorney (DPA), if authorized by state law, must sign this document. Attach a copy of proof of Legal Guardian, DPA or proof of authorization by state law. Payment will be drawn on the fifth day of each month. This authority will remain in full force and effect until SummaCare has received written or verbal notification from me of its termination in such time and manner as to afford SummaCare and the financial institution issuing the account a reasonable opportunity to act upon it. To contact SummaCare, please call (toll free) at 800.996.6250 (TTY 711). From April 1 through September 30, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., Monday through Friday. From October 1 through March 31, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., seven days a week. Outside these hours, you may leave us a message and a representative will return your call the next day. If you wish to cancel or change your autopayment information, please contact Member Services at the number above. To view your electronic banking rights, go to our website at summacare.com. SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal.

**PLEASE RETURN FORM TO: ATTN: A/R, SummaCare, Inc., P.O. Box 3620, Akron, OH 44309-3620
or fax to 330.996.8953 Please do not email this form. The original document is required.**

For Broker Use Only:

Broker Name

Broker NPN

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