

Direct Debit/Credit Card

Authorization Form

Company Name: SummaCare, Inc./ Company ID Number: 32-1726655

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. Please choose Option 1 or Option 2 below, complete the appropriate section and return this form with initial payment to: **SummaCare, ATTN: Premium Billing, PO Box 3620, Akron OH 44309-3620** or visit **summacare.com/plancentral** to sign up through the member portal.

Contract Holder's Name	Contract Number		Phone Number
Street Address	City	State	ZIP Code
***This box must be	filled out to its fullest extent in or	der for your for	m to be accepted. ***
Option 1 O One Time of	or O Recurring		
For direct debit from a O Checki If possible, include a voided check	ing or O Savings Account to eliminate discrepancies in account inforn	nation.	
Bank Account Holder's Name		PAY TO THE ORDER OF	DATE \$ DOLLARS (1) PROVIDENCE TO THE PROVIDENCE
Financial Institution's Name, Branch and Address (Include City, State and Zip)		MEMO □ 789123456 □ 1	AUTHORIZED SIGNATURE .23789456123 0025
Routing Number	Account Number	Routing No.	Account No. Check No.
Account Holder's Signature	Date		
Option 2 For direct debit	One Time or O Recurring	Authorized Signature	Not Wild Union Signed
Cardholder's Name		Come injure object of some A in Ellin objects problem recome mobility of the Committee of	a padent in a securid index at securid highly historial of the minimum and pairs core of the principles of the first and states, to other and only pairs core of the principles of the first and states, to other pairs of the principles of the district pairs of the principles and the first of the principles of the principles of the principles of the tild or, to referred agent stateman on, the ordages usered or of, out
Card Number	Expiration Date CVV*		Credit Card
			e digits of the number n the signature on the card
CALCIDICIEL S SIGNALLIE	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.
- My signature also indicates my acknowledgement that it is my responsibility to update SummaCare, Inc. of such changes to my credit card expiration date or any other changes which would result in nonpayment or a delay in payment to SummaCare, Inc. by my credit card provider.

Payment will be drawn on the due date listed on the invoice for the current monthly premium and any past due premiums. This authority will remain in full force and effect until SummaCare has received written 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 the number on the back of your member ID card.