SummaCare SM

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 order for your form to be accepted. *****

Option 1 O One Time or O Recurring

For direct debit from a O Checking or O Savings Account

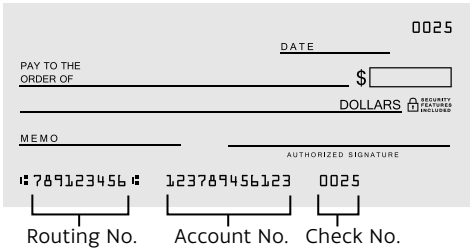
If possible, include a voided check to eliminate discrepancies in account information.

Bank Account Holder's Name

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

Routing Number | Account Number

Account Holder's Signature | Date

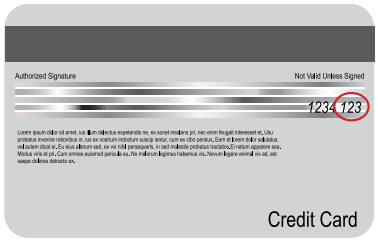


Option 2 For direct debit O One Time *or* O Recurring

Cardholder's Name

Card Number | Expiration Date | CVV*

Cardholder's Signature | Date



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

- 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.