



# Authorization Agreement for Preauthorized Payment Medicare Select Policy

Automatic Payment Authorization (APA) is a convenient option for making monthly premium payments. APA allows Group Health Cooperative of South Central Wisconsin (GHC-SCW) to automatically transfer funds from your bank account, or charged to your Visa, MasterCard, or Discover Card to the amount due for premium. **Funds are deducted from your account on the 20<sup>th</sup> of each month.** Just complete and sign this form to get started!

**Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

**Please complete the information below:**

Member Name (Print) \_\_\_\_\_ Member Number \_\_\_\_\_

**Checking/ Savings Account**

Checking       Savings

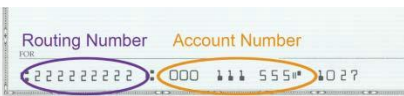
Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



**\*\*MUST INCLUDE A CHECK FOR THE FIRST MONTH PREMIUM\*\***

**Credit Card**

Visa       MasterCard       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV (3 digit number on back of card) \_\_\_\_\_

Billing Address for this Credit Card  
\_\_\_\_\_  
\_\_\_\_\_

- I **do not** want to receive paper copies of my monthly statement
- I **do** want to receive paper copies of my monthly statement

By signature below, I (we) authorize Group Health Cooperative of South Central Wisconsin (GHC-SCW) to instruct my financial institution to deduct my premium payments from the account designated above. I authorize the financial institute to debit the amount of my premium from my designate account. This authorization is to remain in full force and in effect until GHC-SCW and depository have received written notification from me (us) of its termination within 30 days of termination date.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**You may send this form along with your application or by mail to:**

GROUP HEALTH COOPERATIVE OF SOUTH CENTRAL WISCONSIN, ATTN: ACCOUNTING,  
1265 JOHN Q HAMMONS DRIVE, MADISON, WI 53717

\*Neither GHC-SCW nor its agents are connected with Medicare\*