MercyCare Health Plans™

MercyCare Insurance Company
MercyCare HMO, Inc.
PO Box 550
Janesville, WI 53547
WI: (800) 895-2421 IL: (877) 908-6027
MercyCareHealthPlans.com

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

ACH DEBIT AUTHORIZATION FORM

This is an authorization between MercyCare Health Plans and _____ (Policy Holder's Name or Account Holder); hereafter called Company/Member, to initiate debits/withdrawal from: **(Select One)**

☐ Checking Account ☐ Savings Account

Indicated at the depository financial institution named below: hereafter called DEPOSITORY, and to debit the same account for monthly premium payment. Furthermore, Company/Member hereby authorizes MercyCare Health Plans in the case of a clerical error to initiate credit entries to our account and the Depository to credit the same to such account. Company/Member acknowledges that the origination of ACH transactions to our account must comply with the provisions of U. S. Law.

Company/Member understands that if the funds are not available in my account, and ACH is returned to MercyCare Health Plans as NSF there can be an addition NSF Fee applied.

ACH processing begins on the 10th of the each month and may conclude in that following week.

Depository Name (Bank name):_____ Name on Bank Account: _____

Checking Account Number: _____ Bank Routing Number: _____

This authorization is to remain in full force and effect until MercyCare Health Plans has received written notification from Company/Member of its termination by the first day of the month the ACH is scheduled to be processed in, afford MercyCare Health Plans and Depository a reasonable opportunity to act on notification.

Signature: _____ 2nd Signature (if applicable): _____

Print Name: _____ 2nd Print Name (if applicable): _____

Date: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

MercyCare Health Plans Name, Account Number of Policy Holder: _____

Please return completed form to:

MercyCare Health Plans

Finance Department – ACH

PO BOX 550

Janesville WI, 53547

Please attach a voided check or saving's deposit slip