



### Authorization for Automatic Withdrawal (Bank Draft Form)

Name(s) on bank account: \_\_\_\_\_

I hereby authorize Windsor Health Plan, Inc., to withdraw my monthly premium as then in effect directly from the account I have indicated below. This withdrawal will begin when I become eligible and my membership with Windsor Medicare Extra, WindsorSterling or Windsor Rx becomes effective or on the first payment option date indicated after your form is received. I agree that my bank shall have the same rights with respect to each draft presented by Windsor Health Plan as if such draft were a check drawn on the bank and signed personally by me. My bank will have no liability for dishonor of any draft, whether with cause or without and whether intentionally or inadvertently, even if dishonor of a draft results in termination of my insurance.

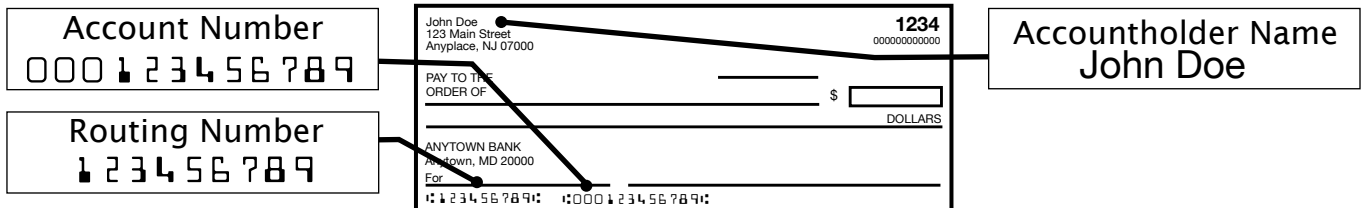
Check one of the following boxes:  Checking account  Savings account

Name of Bank: \_\_\_\_\_

Branch where you bank: \_\_\_\_\_ (city) \_\_\_\_\_ (state)

Bank Routing/Transit/ABA Number: \_\_\_\_\_  
(This is the first set of numbers (before your account number) located on the bottom, left hand corner of your checks. **This must be 9 digits long.** If you are uncertain, call your bank and they will give you this number.)

Checking/Savings Account Number: \_\_\_\_\_



Please Attach A Copy Of A Voided Check.

This authorization will remain in effect until written notice of termination is actually received by Windsor Health Plan and the Bank named above, and they each have had a reasonable opportunity to act upon the notice of termination.

You may select one of the following payment options:

- Withdrawal will be made on the 5th of each month to pay the current month's premium.
- Withdrawal will be made on the 20th of each month to pre-pay next month's premium.

Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You may now have your premium automatically withdrawn from you credit or debit card!** We currently are accepting Visa, MasterCard and Discover credit cards and debit cards with the Visa or MasterCard logos. Please contact Customer Service at 1-800-316-2273 (TTY 711) for more information 8:00 a.m. - 8:00 p.m., seven days a week.

A Medicare Advantage Organization with a Medicare contract and a Medicare-approved Part D sponsor.