

Medicare Advantage Direct Debit/Credit Card Authorization Form

Company Name: SummaCare, Inc. / Company ID Number 34-1726655

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.

Member Name:			
SummaCare Member ID N	umber: Pho	ne Number:	
	REDIT or DEBIT card: O Credit C Discover, MasterCard or VISA logo to be p		
Cardholder's Name 16-digit Cre		t Card Number	
CVV Number:	Expiration Da	Expiration Date:	
(last three digits of the num	nber located on the signature strip on the		
* Signature	Date		
	O Chec	cking Account OR O Savings Account	
Bank Account Holder's Na	me		
Financial Institution's Nan	ne, Branch and Address (Include City,	State and Zip)	
		Joe Smith 1234 1234 Anystreet Court Anycity, AA 12346	
Routing Number:	Account Number	Pay to the order of	
		Bank Anywhere Son Dollars	
* SIGNATURE	Date	[123456789]; 123456789123][-1234	

PLEASE RETURN FORM TO: ATTN: A/R, SummaCare, Inc., P.O. Box 3620, Akron, OH 44309-3620

^{*} 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. Payment will be drawn on the fifth day of each month. 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 (toll free) at 800.996.6250 (TTY 800.750.0750). From April 1 through September 30, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., Monday through Friday. Beginning October 1 through March 31, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., seven days a week. Outside these hours, you may leave us a message and a representative will return your call the next day. Please do not email this form. The original document is required. If you wish to cancel or change your autopayment information, please contact Customer Service at the number above. To view your electronic banking rights, go to our website at summacare.com. SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal.