



ACH Authorization Form

MedMutual Protect
MedMutual Protect Service Center
P.O. Box 9988
Austin, TX 78766-9988

To contact the MedMutual Protect Service
Center Call 844.613.6245

Monthly Bank Draft Authorization

Applicant: Sign the authorization below and provide a voided check or provide the information below on the account from which you want your premiums drafted. Your premium will be paid from this account and will be reflected in your bank statement as a draft by "MedMutual Protect."

As a convenience to me, I hereby request and authorize the financial institution named below (hereinafter "you" or "your") to pay and charge to my account checks or credits on my account by and payable to MedMutual Protect, Oklahoma City, Oklahoma, provided there are sufficient collected funds in my account to pay the same upon presentation. I agree that your rights in respect to each such check or credit shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing. Until you actually receive such notice, I agree that you will be fully protected in honoring any such check or credit. I further agree that if any such check or credit is dishonored, whether with or without cause and whether intentionally or inadvertently, you will be under no liability whatsoever even though such dishonor results in the forfeiture or lapse of insurance.

Bank Name _____ Bank Phone Number _____

Bank Address _____

Bank Routing/ABA# _____

My Account # _____

_____ Checking _____ Savings

Group Number

Group Name

Authorized Signer, Title

Signature EXACTLY as it appears on bank records

Date