



1515 South 75th Street
Omaha, Nebraska 68124

www.gomedico.com
Toll-Free 1-800-228-6080

Bank Withdrawal Authorization

Bank Withdrawal Authorization

Policy/Certificate Number if Applicable: _____

Applicant's Name _____
First Name MI Last Name

Applicant's Address _____
Street Address City State Zip

Payor's Name (As it appears on bank records) _____
First Name MI Last Name

If payor is different than applicant, please provide payor's phone number _____

By signing the authorization below and attaching a voided check (if a checking account is selected for the withdrawal) for proper encoding of your personal account number, we will start you on your Bank Draft Service. **Remember to attach a voided check.**

Checking Account

Savings Account

Bank Name _____

Routing #

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Account #

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Optional date for premiums to be withdrawn (select a date from the 1st to the 28th of the month) _____

I (We) give permission to my (our) financial institution to automatically make payments to Medico Insurance Company in Omaha, Nebraska. This authorization will remain in force unless I (we) cancel it, or the insurance policy/certificate is cancelled or my (our) bank account is closed.

Payor's Signature _____ Date _____
(As it appears on bank records)

Signature _____ Date _____
(If a joint account)