



1515 South 75th Street
Omaha, Nebraska 68124

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

Bank Withdrawal Authorization

Bank Withdrawal Authorization (For New Applications)

Applicant's Name _____
First Name MI Last Name

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

Address _____
Street Address City State Zip

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

Routing #

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Account #

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Date for premiums to be withdrawn (select a date from the 1st to the 28th of the month) _____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

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

If payment is not received with this application, the first premium will be withdrawn from your bank account upon approval of your application.