

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.

Please choose Option 1 or Option 2 below, complete the appropriate section and return this form to: ATTN: ELIGIBILITY, SummaCare, Inc., P.O. Box 3620, Akron, OH 44309-3620.

OPTION 1

For Direct Debit from a Checking or Savings Account:

Checking Account **OR** Savings Account

If possible, include a voided check to eliminate discrepancies in account information.

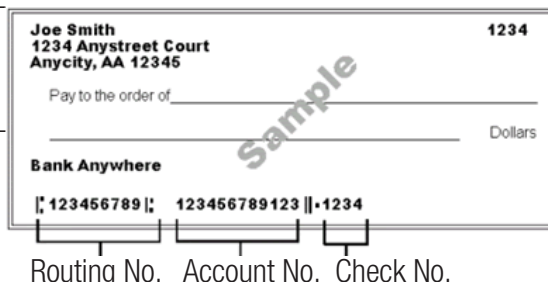
SummaCare Member ID Number (if known)

Bank Account Holder's Name

Financial Institution's Name, Branch and Address (Include City, State and Zip)

Routing Number

Account Number



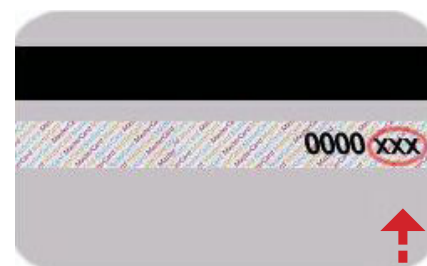
* SIGNATURE

Date

OPTION 2

For Direct Debit from a Credit or Debit Card: Debit **OR** Credit

(Card must have either the MasterCard or VISA logo to be processed):



(CVV) Three digit verification number

Cardholder's Name

Account Number

Expiration Date

CVV Number (Last three digits of the number located on the signature strip on the card.)

* SIGNATURE

Date

* 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. Transactions returned for insufficient funds will be charged a \$25 NSF fee. 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.

Send any termination or change request to: SummaCare Secure Billing, P.O. Box 3620, Akron, OH 44309-3620.

To contact SummaCare Secure, please call 330-996-8440 or (toll free) 888-464-8440 (TTY 800-750-0750). From October 15, 2011, through February 14, 2012, a representative will be available to speak with you from 8 a.m. to 8 p.m., seven days a week. Beginning February 15, 2012, through October 14, 2012, a representative will be available to speak with you from 8 a.m. to 8 p.m., Monday through Friday.