

Member ID: FM _____

First Name: _____

Last Name: _____

**Recurring Premium Payment
Authorization Form**

Please choose Option 1 or Option 2 below, complete the appropriate section and return this form to: PAYMENT DEPT., FIRSTCAROLINACARE INSURANCE CO, 42 MEMORIAL DR, PINEHURST, NC 28374

OPTION 1 - For deductions from Checking or Savings Account

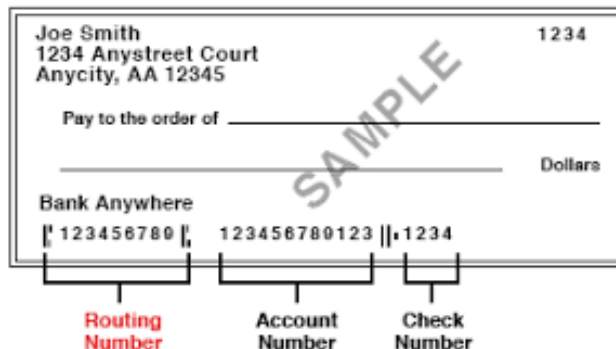
Checking Savings

Routing# _____

Account# _____

Bank Name _____

(Please attach voided check to avoid errors)



OPTION 2 – For Charges to a Debit or Credit Card (Visa, MasterCard, Discover or American Express)

Cardholder's Name _____

Account Number _____

Expiration Date _____

CVV (3 or 4 digits) _____



I hereby authorize FirstCarolinaCare Insurance Company (FCC) to charge my bank account or credit card account specified above the recurring electronic draft, debit or credit transactions in the amount of my monthly FirstMedicare Direct plan premium, plus any other applicable amounts such as late enrollment penalties.

Initial Here: _____ I acknowledge that the transactions will occur on or about the 25th day of each month after the effective date of this Authorization. If a different deduction date is requested, please make a note on the form below. Any past due balance will be deducted by FCC upon receipt of this authorization unless arranged otherwise.

Notes: _____

Signature: _____

Date: _____

If the individual cannot sign, a court-appointed legal guardian or person with a valid Durable Power of Attorney must sign this document. Attach a copy of proof of legal guardianship, durable power of attorney or other proof of authorization under state law. Transactions returned for insufficient funds or charge backs will incur a \$25 fee. This authorization will remain in full force and effect until FCC has received written notification from the authorizing party of its termination in such time and manner as to afford FCC and the financial institution issuing the account a reasonable opportunity to act upon it. Send any termination or change request to: PAYMENT DEPT., FIRSTCAROLINACARE INSURANCE CO, 42 MEMORIAL DR, PINEHURST, NC 28374. For questions about your premium deductions, please call our office at (910)715-8100 or toll free (800)574-8556. We are open 8:30 am to 5:00 pm Eastern Time, Monday-Friday.

Office Use Only: Premium _____ Date Entered _____ Initials _____ ARB _____