



210 Park Avenue, Suite 2800 | Oklahoma City, OK | 73102-5621

If you would like to pay your Medicare monthly premium, and, if applicable, Late Enrollment Penalty through an automatic deduction from your bank account each month, please fill out the information below and enclose a VOIDED check.

Please mail your completed form and a VOIDED check to the following address:

**GlobalHealth, Inc. (HMO)**  
Attn: Premium Billing  
210 Park Avenue, Suite 2800  
Oklahoma City, OK 73102-5621

I authorize GlobalHealth, Inc. to charge my bank account monthly for the amount equal to my monthly premium and/or Late Enrollment Penalty. I understand that the amount due will be charged to my bank account on or around the 5th day of each month. This payment authorization is to remain in full force and effect until I notify GlobalHealth, Inc. of its cancellation by sending written notice in such time and in such manner to allow GlobalHealth, Inc. a reasonable opportunity to act on it. I agree to notify GlobalHealth, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.

Member Number \_\_\_\_\_ Member Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Account Type \_\_\_\_\_ Checking \_\_\_\_\_ Saving \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name on Account (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have questions, please contact our Customer Care department at 1-844-280-5555, between 8 a.m. and 8 p.m., 7 days a week. TTY users call 711.