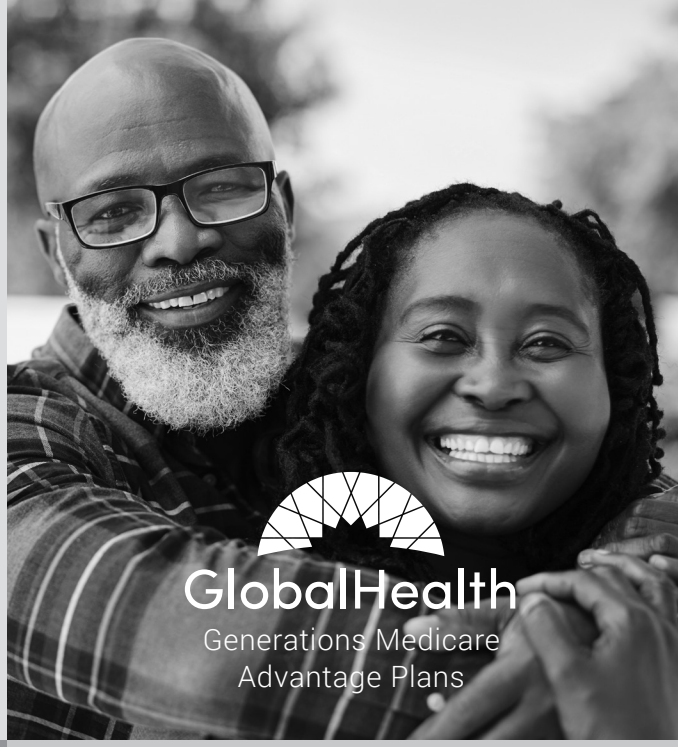
Premium Billing Draft Authorization Form

(Optional)
If you have a premium and/or Late Enrollment Penalty, and would like to pay by automatic deduction from your bank account or credit card each month, please sign and return this completed form to the following address:

GlobalHealth, Inc.
Attn: Eligibility PO Box 1747
Oklahoma City, OK 73101-1747



I authorize GlobalHealth, Inc. to charge my bank account or credit card monthly for the amount equal to my premium and/or Late Enrollment Penalty. I understand that the amount due will be charged to my bank account or credit card on or around the 5th 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. 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 (please print) _____

Select one preferred payment method:

○ **Bank Draft**

Bank Name _____

Account Type ○ Checking ○ Saving

Routing Number _____

Account Number _____

Signature _____ **Date** _____

○ **Credit Card Draft**

Credit Card Number _____

Expiration Date _____ CVV (3 digits on back of card) _____

Signature _____ **Date** _____

If you have questions, please contact Customer Care at 1-844-280-5555 (TTY/TDD: 711) Customer Care is available 8:00AM to 8:00PM Central, Seven days a week (Oct 1 - Mar 31), 8:00AM to 8:00PM Central, Monday through Friday (Apr 1 - Sept 30)