



Billing and Payment Center

PO Box 1768
La Porte, IN 46352
(866) 539-4092

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town)

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking account. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete ALL of the information below:

I _____ authorize MDwise c/o Vision Financial Services, Inc. to charge my bank account indicated below on the _____ of each Month/Week/Two Weeks for payment of my Healthy Indiana Plan POWER Account Contribution for the duration of the current benefit period.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type:	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____	
Bank Name	_____	
Account Number	_____	
Bank Routing #	_____	
Amount	\$ _____	



SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until the end of this benefit period, unless I cancel it in writing, and I agree to notify MDwise in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that MDwise may at its discretion attempt to process the charge again within 30 days, and agree to an additional MDwise charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.