

# AGREEMENT FOR PAYMENT THROUGH AUTOMATIC PREMIUM DEBIT

**MCS** gives you the opportunity to make a monthly premium payment for your Health Insurance Plan in a very easy way through automatic bank debit. Please complete the information that follows:

- 1 Type of policy:  MCS Personal  MCS Cobra  MCS ASEC  MCS Government
- 2 Name of primary insured: \_\_\_\_\_ Telephone: \_\_\_\_\_
- 3 Contract: \_\_\_\_\_ E-mail: \_\_\_\_\_
- 4 Address: \_\_\_\_\_
- 5 Authorization: You can choose one of the two available payment options. **Complete the following information.**

## Bank Account

Type of account:  Savings  Checking

Account Number: \_\_\_\_\_

Route and Transit Number (ABA): \_\_\_\_\_ (please verify with your banking institution)

## Credit Card

Card Type:  Visa  Master Card  AMEX

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

I hereby authorize MCS Life Insurance Company to order debits from my account on monthly basis for the payment of the premium corresponding to the contract referred to herein. The automatic discount will take place on the 10th each month.

In order to identify your account properly, send a voided check (or a copy of the same) to the account to be debited. In case of a savings account, please send copy of the identification that appears on the monthly account statement.

- 6 Validation:  
This agreement will remain effective until the end of the policy stated herein or until MCS Life Insurance Company receives written notification on my behalf requesting its termination.

\_\_\_\_\_  
Signature of the Account holder

\_\_\_\_\_  
Date

Complete Health 

If you have any question, please contact the Finance Department at 787.758.2500 exts. 2738, and 4987. Send the completed document to: MCS Finance Department P.O. Box 193310 San Juan PR, 00919-3310 or by fax at 787.622.2098. Subscribed by MCS Life Insurance Company.