WINDSOR Rx®

7100 Commerce Way Suite 285
Brentwood, TN 37027

Authorization for Automatic Withdrawal
(Bank Draft Form)

Name(s) on bank account: _____

Social Security Number(s): _____

I hereby authorize Windsor Health Plan, Inc. ("Windsor") to withdraw my monthly premium as then in effect directly from the account I have indicated below. This withdrawal will begin when my eligibility is confirmed and my membership with a Windsor Rx plan becomes effective.** I agree that my bank shall have the same rights with respect to each draft presented by Windsor as if such draft were a check drawn on the bank and signed personally by me. My bank will have no liability for dishonor of any draft, whether with cause or without and whether intentionally or inadvertently, even if dishonor of a draft results in termination of my insurance.

Check one of the following boxes: ☐ Checking account ☐ Savings account

Name of Bank: _____

Branch where you bank: _____ (city), _____ (state)

Bank Transit/ABA Number: _____
(This is the first set of numbers (before your account number) located on the bottom, left hand corner of your checks. If you are uncertain, call your bank and they will give you this number.)

Checking/Savings Account Number: _____

PLEASE ATTACH A COPY OF A VOIDED CHECK.

This authorization will remain in effect until written notice of termination is actually received by Windsor and the Bank named above, and they each have had a reasonable opportunity to act upon the notice of termination.

Name(s): _____

Signature: _____ Date: _____

**Premium is due the first day of each month. Withdrawal will be made on the 5th of each month. We keep your personal information confidential.