



STERLING MEDICARE SUPPLEMENT<sup>SM</sup>

Underwritten by Sterling Life Insurance Company

### Authorization for Automated Premium Collection (APC)

As a convenience to me, I authorize Sterling Life Insurance Company (Sterling) to initiate debit entries to the bank account listed below. This withdrawal from my bank account will pay for coverage of health care benefits under the:

Sterling Medicare Supplement / Medicare Select Plan

**Please provide the following bank information and attach a voided check**

Bank  From  Checking  Savings

City  State

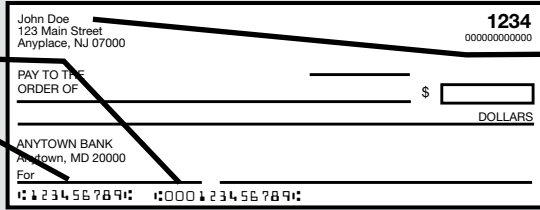
Accountholder Name

Routing #  Account #

#### Where is my Accountholder Name, Routing number and Account number?

Account Number  
000123456789

Routing Number  
123456789



Accountholder Name  
John Doe

I understand this withdrawal will occur by the 12<sup>th</sup> business day each month **for premium due the month of the withdrawal**, or by the last business day each month **for premium due the month following the month of withdrawal**, depending on the draft date option selected below, and that such record will appear on my monthly bank statement.

**Draft Date:** ACH 5  **(by the 12<sup>th</sup>)** or ACH 20  **(by the 30<sup>th</sup>)**

I understand my bank account will be debited for my initial premium on or before the effective date of coverage. I agree that if any charge is dishonored it may result in forfeiture of insurance. I understand I remain obligated to make my monthly premium payment in the event my Bank does not transfer the necessary funds.

I hereby authorize Sterling to begin withdrawing premiums from my bank account as indicated above. I understand that I have the right to stop the automatic deduction by notifying my bank at any time or by written notification to Sterling at least 10 business days prior to the day premiums are due (1st of the month). I understand that this agreement will remain in effect until Sterling has received written notice from me or I disenroll.

Last Name  First Name  Middle Initial

Medicare Number

*Enrollee Signature*

*Today's Date*

*Accountholder Signature*

*Today's Date*

You may now have your premium automatically withdrawn from you credit or debit card. We currently are accepting Visa, MasterCard and Discover credit cards and debit cards with the Visa or MasterCard logos. Please contact customer service at 1-800-688-0010 or TTY 711 for more information.