

**DIRECT DEPOSIT AUTHORIZATION FORM FOR MEDICARECOMPAREUSA INC**

Name(s) on the account (if more than one person on the account, their signature is also required.)

\_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Routing # \_\_\_\_\_ (nine digits) Do not use a deposit slip to verify the routing #.

Account # \_\_\_\_\_

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Ownership of Account: Self \_\_\_\_\_ Joint \_\_\_\_\_

I/we authorize Medicarecompareusa Inc to deposit funds to the account indicated above and, if necessary, to adjust or reverse a deposit made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford Medicarecompareusa Inc a reasonable opportunity to act on it.

Signature 1 \_\_\_\_\_

Signature 2 (if joint) \_\_\_\_\_

Date \_\_\_\_\_