

Use this form to authorize QualChoice to debit your bank account for your premium. If you have any questions when completing this form, please contact a Finance Representative at 501.228.7111 ext. 7023 or [finance\\_ops@qualchoice.com](mailto:finance_ops@qualchoice.com).

<b>Step 1. Subscriber Information</b>					
First Name		M.I.	Last Name		Date of Birth (MM/DD/YYYY)
Street Address			City	State	Zip Code
Social Security No.			Phone No.		
<b>Step 2. Payment Method.</b> Please choose one of the payment methods below by checking the appropriate box. If <b>Bank Draft</b> is selected, you must also complete Step 3. If <b>Payment By Check</b> is selected, a paper invoice will be issued for payment.					
<i>By way of signature in Step 4, I agree and understand the following:</i>					
<ul style="list-style-type: none"> <li>▪ QualChoice is authorized to bill and collect payment according to my selection below. If <b>Bank Draft</b> is selected, I authorize QualChoice to debit my checking account from the bank/financial institution listed in Step 3.</li> <li>▪ The billing and payment arrangement I select below is to remain in full force and effect until QualChoice receives <b>written</b> notice of my desire to change my billing arrangement <b>at least 20 days before</b> my next payment is due.</li> <li>▪ In order to retain coverage after revoking a check or bank draft payment authorization, I must complete and submit this form to QualChoice.</li> <li>▪ If coverage is terminated due to non-payment, I understand that I will not be able to reapply for 12 months.</li> </ul>					
<b>Choose one of the payment options below.</b>					
<b>Payment By Bank Draft</b> – check one then complete Step 3 & 4 <input type="checkbox"/> Monthly Billing <input type="checkbox"/> Quarterly Billing <input type="checkbox"/> Annual Billing			<b>Payment By Check</b> – check one then complete Step 4 <input type="checkbox"/> Quarterly Billing <input type="checkbox"/> Annual Billing		
<b>Step 3. Bank Draft Authorization.</b> Complete this section <b>only</b> if you selected 'Payment by Bank Draft' in Step 2.					
<i>By way of signature in Step 4, I agree and understand the following:</i>					
<ul style="list-style-type: none"> <li>▪ That my bank account will be bank drafted on the 1<sup>st</sup> of each month and that QualChoice reserves the right to delay the bank draft date when necessary or to change a designated bank draft date within 45 days of written notification to me.</li> <li>▪ That it can take up to 30 days to establish a bank draft authorization.</li> <li>▪ That if I revoke this <b>Bank Draft Authorization</b> after I have agreed to it, I will also be terminating my IQChoice coverage <b>unless</b> QualChoice receives written notification of my desire to continue coverage <b>at least 20 days before</b> the next bank draft withdrawal date.</li> <li>▪ That all changes to bank draft payment status must be received <b>5 business days before</b> the next bank draft date (for example, changes to my bank information or termination of coverage). Changes requested after this time will be reflected on the next payment cycle.</li> </ul>					
Bank/Financial Institution Name			City	State	
Bank/Financial Institution Routing Number (MUST BE 9 DIGITS)			Checking Account No.		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Account Holder Full Name					
Account Holder Street Address			City	State	Zip Code
Account Holder Signature <b>x</b>				Date Signed (MM/DD/YYYY)	
<b>Step 4. Authorization and Signature</b>					
By signing this <i>Billing and Payment Authorization Form</i> , I agree to all terms and conditions expressed in the payment method I selected. I understand that not following what has been authorized on this form may cause my policy to be terminated at QualChoice's discretion.					
Signature of Subscriber (individual listed in Step 1) <b>x</b>			Date Signed (MM/DD/YYYY)		