Automatic Bill Payments Authorization

As a member of My Choice Wisconsin, you are entitled to the added convenience of having your monthly amount due automatically withdrawn from your bank account at no charge to you. Since nonpayment of Cost Share could affect your eligibility for the Family Care Program, the automatic payment option would ensure timely payments and complete security of your banking information. You save time and the cost of postage. You will still receive a monthly invoice, to track your charges and payments. To enroll, fill out this authorization form. You will never have to worry about late payments or postage costs again!

The auto withdrawal date depends on the member's date of birth and/or entitlement, using the chart below:

Auto Payment Withdraw Date	**Members with SSI Entitlement or Social Security Since 1997**
1st week, not before the 3rd day of the month	Members with SSI or receiving Social Security since 1997
All Other Members, Birth Date on or Between	
Second Thursday of the month	1st - 10th of the month
Third Thursday of the month	11th - 20th of the month
Fourth Thursday of the month	21st - 31st of the month

If interested, please complete the information below. This will authorize My Choice Wisconsin and the named financial institution to deduct the monthly payment from your bank account.

MEMBER

(Member ID/SS Number)

(Name - Please Print) (City) (State) (Zip)

(Address - Please Print) (Date)

(Member Signature) (Date)

(POA/Guardian Signature)

FINANCIAL INSTITUTION

(Name of Financial Institution) (Branch)

(Name - Please Print) (City) (State) (Zip)

(Auto Payment Start Date) ☐ Checking or ☐ Savings

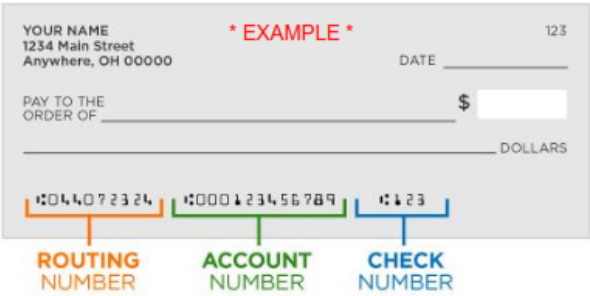
TRANSIT ROUTING NUMBER

ACCOUNT NUMBER INFORMATION

Please verify the routing and account numbers. The routing number is usually on the bottom left of your check, the account number is in the middle, and the check number is to the right.

Return your completed form to:

My Choice Wisconsin
Attn: Member Obligations - Auto Pay
10201 West Innovation Dr STE 100
Wauwatosa, WI 53226



If you wish to discontinue the automatic withdrawal, you must submit a written request to the address above or fax to (608) 245-3895. Please allow 30 days to process.