

CREDIT/DEBIT CARD AUTHORIZATION FORM

APPLICANT INFORMATION

Last Name _____ First Name _____

WPS Customer Number (Social Security Number) _____ - _____ - _____

BILLING INFORMATION, IF DIFFERENT THAN APPLICANT

Name as it Appears on Credit/Debit Card _____

Mailing Address _____

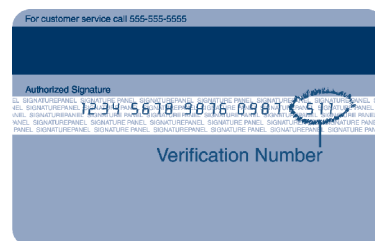
City, State, ZIP _____

Country _____

PREMIUM PAYMENT MODE

Select One: Initial Premium Deposit Only Initial Premium and Recurring (Please select a day from the 7th through 31st of a month for payment pull) _____

Note: Recurring premium payments will be charged to your credit/debit card on the day of the calendar month immediately preceding the premium due date, based on your selection. Recurring days available are the 7th through the 31st of the month. If a month does not contain the day you selected, payment will be pulled from your credit/debit card account on the last day of that month. We will continue to charge premiums until the policyholder notifies us to discontinue charging premiums in accordance with the WPS policy.



CREDIT/DEBIT CARD AUTHORIZATION

Select One: Visa MasterCard Discover Card

Credit/Debit Card Number

Credit/Debit Card Verification Number
(This number is located on the back of your credit/debit card. It's the three-digit number found after your card number.)

____/____/____
Card Expiration Date

I hereby authorize WPS Health Insurance (WPS) or its authorized credit/debit card transaction agent(s) to bill my credit/debit card account indicated above for payment of premiums charged for the WPS insurance policy for which I'm applying. If that WPS individual policy is issued to me by WPS, I understand and agree that by executing this authorization, that action doesn't affect, waive, or change any of the policy's terms, conditions, and provisions, including that policy's premium payment and grace period provisions. I am attesting the credit/debit card listed above is a personal account; I understand the premium may not be paid from a business account.

Signature

____/____/____
Date