



**The following are Wellabe Companies:**  
**Medico Insurance Company**  
**Medico Corp Life Insurance Company**  
**Medico Life and Health Insurance Company**

P.O. Box 10386, Des Moines, IA 50306  
 healthsupport@wellabe.com Phone: 800-547-2401

## Distributor Direct Deposit Authorization

### Instructions

Please complete Parts A through C, attach a voided check, and return to Medico Insurance Company and all affiliated Companies (Collectively referred to as "Medico" or "Company"). For your convenience you may also fax in the form and voided check to 515-247-2435.

### Part A: Bank Account Holder Personal Information – Please Print

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Part B: Bank Account Information

Start Direct Deposit  Change Account Information

# Please Attach A Voided Check

Checking  Savings

Routing Number 

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Account Number 

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### Part C: Bank Account Holder(s) Signature(s)

I (We) give permission to Medico to automatically make payments to my (our) bank account of my commissions. This authorization will remain in force unless I (we) cancel it or my (our) bank account is closed.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
As it appears on bank records.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
If joint account.

Printed Name \_\_\_\_\_