U.S.W. LOCAL 10-00086 MERCK EMPLOYEES HEALTH AND WELFARE PLAN

Recurring Payment Authorization Form for Employee Monthly Required Contribution

Schedule your payment to be charged to your Visa or MasterCard, Debit or Credit. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage).
- Your payment is always on time (even if you're out of town), eliminating suspension to your health insurance benefits.

Here's How Recurring Payments Work:
You authorize regularly scheduled charges to your debit/credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement or credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____(PRINT cardholder name) authorize the U.S.W. Local 10-00086 Merck Employees Health and Welfare Fund to charge my credit/debit card number as indicated below for:

☐ $_____ or the current contracted monthly Employee contribution, on or after the first of **each** month.

☐ $_____ **one time** charge for prior payments due for the period(s) _____.

Print **Participant's** Name: _____

Billing Address: _____

_____

Tel. Number: _____ Email _____

Debit Card/Credit Card Information

CARD/ACCOUNT TYPE: ☐ Visa / ☐ Credit or ☐ Debit

☐ Master Card / ☐ Credit or ☐ Debit

Print Cardholder Name _____

Account Number _____

Exp. Date: ____/____ CVV (3 digit number on back of card) _____

(PRINT CLEARLY)

CARDHOLDER SIGNATURE _____ **DATE** _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the U.S.W. Local 10-00086 Merck Employees Health and Welfare Fund in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card/bank account and that I will not dispute these scheduled transactions with my bank or Credit Card Company so long as the transactions correspond to the terms indicated in this authorization form.

Fax or Mail Form to: Fax: (215) 773-9907 or rGa, 601 Dresher Road, Suite 201, Horsham, PA 19044.