



Authorization for Automatic Payment  
Opticare of Utah

Name of Banking Institution: _____		Routing # _____	
Checking Acct. #: _____			
<b>(Please enclose a "VOIDED" check from the account you want the payments to be deducted)</b>			
Credit Card #: _____		Exp. Date: _____	CVV2 _____
		(on back of card)	

I \_\_\_\_\_ authorize Opticare of Utah to deduct monthly premiums from the account listed above. The automated payments will be effective on Month \_\_\_\_ Year \_\_\_\_.

Group Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_