



HEALTHCARE COOPERATIVE

# Employer

## Credit/Debit Card Authorization

Common Ground Healthcare Cooperative accepts monthly premium payment using a MasterCard, Visa or Discover credit/debit card.

**To pay utilizing your credit or debit card:**

1. Complete the information below
2. Sign and date
3. Mail to: CGHC  
Box 78553  
Milwaukee, WI 53278-8553
4. You must complete this form each time you wish to pay your premium using a credit or debit card.

Please PRINT:		
Employer Name:	Amount of Withdrawal:	Group Number:
Invoice Number:	Account Name:	
Expiration Date:	Type of Card: MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/>	

Card Number

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I hereby authorize Common Ground Healthcare Cooperative to deduct the monthly premium amount from the card indicated above, for the benefit of the employer listed above.

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 Authorized Representative Signature                      Account Holder's (if different than Employer) Signature                      Date