



701 NE 10th St. Ste. 300 | Oklahoma City, OK | 73104-5403

Exchange Members Only Credit Card Recurring Payment Authorization Form

Schedule your premiums to be automatically charged to your credit card. Just complete, sign, and return this form to the address above 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).

Please complete the information below:

I authorize GlobalHealth, Inc. to charge my credit card indicated below on or around the 1st day of each month in the amount due each month.

Member Name _____

Member Email _____

Phone Number _____

Billing Address _____ City _____ State _____ Zip _____

Credit Card Type Visa MasterCard Discover

Cardholder Name _____

Credit Card Number _____

Expiration Date _____

CVV (3 digit number on back of Visa/MC) _____

I authorize GlobalHealth, Inc. to charge the credit card indicated above in this authorization form according to the terms outlined above. If the 1st day of the month falls on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is to remain in full force and effect until I notify GlobalHealth, Inc. of its cancellation by sending written notice in such time and in such manner to allow GlobalHealth, Inc. a reasonable opportunity to act on it. I agree to notify GlobalHealth, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for payment of premiums due to GlobalHealth, Inc. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

For questions, please contact us at 1-877-280-5583.