



**BasicPlus Association Limited Health Benefit Plan for Individual Members  
Important Information And Premium Mode Selection Form**

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (CREDIT CARD / DEBIT  
CARD TRANSACTIONS)**

Congratulations on your coverage with BasicPlus. Please find below an agreement form for paying your policy premium.

I (we) hereby authorize TCC of South Carolina, to initiate debit entries to my (our);  
Checking Account/ Savings Account/ Credit Card/

**For Credit Card** (To be charged to your card or bank account):

Please check:    Visa        MasterCard (only accepted cards)

Card holder's name: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV Code (3 digit code on back of card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PLEASE NOTE:**

1. Your premium for BasicPlus will be deducted from your above chosen account monthly, *until* you send written notice to cancel your coverage.
2. There will NOT be an invoice sent.
3. Please notify TCC of any changes to your above mentioned account. Should TCC be unable to collect the required funds for premium payment, your coverage will be terminated.

Your Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Your signature acknowledges your agreement. If you have any questions call: 800-851-6268.**