

SET UP AUTOMATIC PAYMENT

You must submit this form with a voided check

Name on the Bank Account

(First Name, Middle, Last Name)

Current Address

(If not the same as the one printed on the check)

Daytime Telephone Number:

Date of First Withdrawal:

Insured / Policyholder Full Name:

(If different from the one on the bank account)

Insured / Policyholder Address:

(If different from the one on the bank account)

Policy / Account / Contract Number:

Signature

Date

Attach Voided Check Here