



ACH Recurring Debit Authorization

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Name of Insured: _____ Policy Number: _____

I (we) hereby authorize First Benefits Insurance Mutual, Inc. to initiate debit entries to my (our) [] Checking / [] Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account (not for monthly self-reporting). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. If item is returned for non-sufficient and/or uncollected funds, I understand that First Benefits Insurance Mutual, Inc. has the right to cancel my insurance policy. First Benefits Insurance Mutual, Inc. will mail Notice of Cancellation to me.

Depository Name: _____

City: _____ State: _____ Zip: _____

Routing Number (9 digits): _____ Account Number: _____

Payments will begin on _____ and will continue to be deducted monthly for this policy and all renewal policies. This authorization is to remain in full force and effect beginning on the above referenced date unless First Benefits Insurance Mutual, Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford First Benefits Insurance Mutual, Inc. and DEPOSITORY a reasonable opportunity to act on it.

I/we authorize that the monthly premium may be withdrawn from my/our account on the FIRST of each month. At renewal of my annual policy with First Benefits Insurance Mutual, my renewal down payment will be deducted on the effective date of the policy renewal. Should the first of the month or the policy renewal effective date fall on a weekend and/or holiday, I understand that my account will be debited on the next business day. I/we understand if the policy is endorsed changing the monthly premium, the monthly ACH will be adjusted accordingly.

Name(s): _____ (Please print)

Signature: _____ Date: ___/___/___

Signature: _____ Date: ___/___/___

Please attach a VOIDED CHECK to this authorization if a checking account will be debited.