

## Request for Electronic Withdrawal

I, \_\_\_\_\_ hereby request that Paylogix, the Plan Administrator, make monthly deductions through Pre-authorized Electronic Withdrawal to pay my insurance premiums. As such, I authorize Paylogix to deduct from account# \_\_\_\_\_ at (bank name) \_\_\_\_\_ the amount of monthly premium due on and after \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Monthly Premium: \$ \_\_\_\_\_ + Fee \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_

Account Type: \_\_\_\_\_

ABA Transit Number: I: \_\_\_\_\_ I: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In consideration of the honoring of my request, I understand and agree to the following conditions:

1) Deductions shall be drawn on or about the same date every month. 2) Deductions will include the monthly administrative fee. 3) If any deduction is not honored on presentation and if any premium is not paid within the grace period, the policy will lapse in accordance with its terms. 4) The Administrator will automatically revoke the Plan if any two deductions within any twelve month period are not paid on presentation. 5) The Plan shall not be construed as a modification of any of the provisions of the policy. 6) The Company, the Premium Payor or the Bank may discontinue the Plan by giving 10 days' written notice. 7) If the Plan is terminated, premiums falling due thereafter shall be payable directly to the Company.

Signed, \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_.

