

Central Billing Service Payment Form

Please Complete the Following Information

Please Print

Insured Name: _____

Monthly Premium: \$ _____

Mailing Address: _____

Monthly Billing Fee: + \$4.00 _____

Total Due Per Month: = \$ _____

(Street Address)

(City, St Zip)

Phone Number: _____

Personal Account Insurance Deduction (P.A.I.D.) Arranged by Central Billing Service

Instructions for P.A.I. D.

1.-Please submit voided check (no deposit slips) and a check for one month's premium made payable to Central Billing Service

2.-Premium will be deducted around the 15th of each month for the following month's coverage

Please Select the Account Type for Withdrawal

WITHDRAWAL AUTHORIZATION

Checking Account **Savings Account**

Name of Depositor _____
(Print name as shown on Financial Institution Records)

Bank Information _____
(Bank Name, Address and Phone # where account is maintained)

TRANSMIT/ROUTING ABA# _____ ACCT. NO. _____

PRE-AUTHORIZED WITHDRAWAL PAYMENT METHOD

As a convenience to me, I hereby request and authorize Central Billing Service to pay and charge to my account, maintained at the above named financial institution, for the payment of premiums due on policies I currently have or may purchase and desire to include under the P.A.I.D. Agreement. The amounts will be drawn on my account by and payable to the order of Central Billing Service provided there are sufficient funds in said account to pay the same upon presentation. This authorization will remain in effect until revoked by me in writing and until Central Billing Service actually receives such notice. I agree that Central Billing Service shall be fully protected in honoring any withdrawals. I understand that if the withdrawal is presented and not honored for any reason and the amount due is not paid, Central Billing Service assumes no responsibility for a policy lapse or cancellation due to non-payment. This arrangement shall terminate immediately upon the closing of my account with you or upon receipt by you of notice of my bankruptcy. I agree that your treatment of my rights in respect to each such charge shall be the same as if they were signed personally by me. A customer has the right to stop payment of a debit entry by notification to Financial Institution prior to charging account. After account has been charged the customer has the right to have the amount of an erroneous entry immediately credited to their account by Financial Institution up to 15 days following the issuance of statement or 45 days after posting, whichever occurs first.

Date

Signature of Depositor