

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Company Name _____

Company ID Number _____

I (we) hereby authorize BENEFIT DESIGN GROUP, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (s) _____

ID Number _____

Signature _____ Date _____

This arrangement does not change the premium due dates specified in the policy and it does not extend any of the grace or late periods for paying these premiums. The policy or policies will be placed on withhold care at the end of the grace or late period if the premium remains unpaid. This could occur if balances in your account were not sufficient to cover the debit amount.

BDG may stop the arrangement by written notice to you. The arrangement ends on the day BDG mails the notice.

If this agreement ends you will still be responsible for unpaid premiums which remain outstanding.

PLEASE ATTACH A COPY OF A BLANK VOIDED CHECK.