

# Administrative Services

## PAYMENT AGREEMENT AND BANK DRAFT AUTHORIZATION

**Payment Authorization To:**

Administrative Services

300 Southborough Dr. Ste. 200

South Portland, ME 04106-6914

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Last four of SSN:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**New Participant**

**Change to Existing Plan**

<b>Insured Name</b>	<b>Product</b>	<b>Monthly Premium</b>
		\$
		\$
		\$
		\$
		\$
<b>Total Monthly Premium:</b>		\$

**Bank Draft Date:** \_\_\_\_\_ th day of each Month

I accept that this authority will remain in effect until the administrator has received written notice of termination from me. I understand that the Administrator's duty is to divide and distribute my funds. If any checks remitted are not paid for any reason, the Administrator will be under no liability whatsoever to me, even though such non-payment may result in lapse of insurance.

**Signature** X \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Please Complete This Section if Mode of Participation is Bank Draft**

This authorization is to honor checks drawn by Administrative Services to the Bank named below:

As a convenience to me, I hereby request and authorize you to charge my account and to pay checks or Electronic Funds transfers drawn on my account by and payable to the order of Administrative Services provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in regard to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check.

This authorization is effective immediately unless otherwise specified.

**Attach Void Check Here**

I hereby request Administrative Services to periodically draw a check on the account of this signer for the purpose of paying monies due on policies or plans issued. Administrative Services reserves the right to revoke this plan. Administrative Services may, at its discretion, withdraw by means of Electronic Funds Transfer in lieu of a paper check.

Nothing in this Payment Agreement and Bank Draft Authorization shall prevent me from (a) increasing or decreasing any insurance program with either the Company or the above-names Financial Institution, or (b) terminating future payments to either the Company or the above named Financial Institution(s).