

**Save a stamp and avoid late payment fees**  
**Utilize our free “pay-by-phone” premium payment process**

**Just three easy steps:**

**Step 1: Complete the Authorization Agreement Form (below)**

**Step 2: Xerox a check and mark as “VOID”**

**Step 3: Fax the form, voided check, and your Estimated Bill to: 1-704-752-4854**



Your bank account will be debited. The authorization form and voided check may be used multiple times; keep a copy and use this form for future payment.

Verify confirmation of fax transmission or call (1-800-360-7867) to ensure receipt of fax.



*One product, one state, focused on you!*

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Company Name: \_\_\_\_\_ Member #: \_\_\_\_\_

I (we) hereby authorize First Benefits Insurance, herein called FBI, to initiate debit entries to my (our):

Checking Account    Savings Account (select one)

Indicated below at the depository financial institution (bank or credit union) named below, herein called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

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

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

1<sup>st</sup> Name: \_\_\_\_\_ 2<sup>nd</sup> Name: \_\_\_\_\_

Date: \_\_\_\_\_ (if two signatures required)

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Note: Debit Authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.