

Automatic Bank Check Plan Authorization Form Instructions

Be sure the following Steps have been completed before mailing or faxing:

STEP 1

Specify Type of Debit Authorization

- **Recurring Automatic Bank Check (ABC)**
Check this box if you authorize recurring monthly premium payments deducted from your account.
- **Initial Premium \$ _____**
Check this box if you authorize a one-time debit for the Initial Premium Only for the amount stated on this form.
- **Debit EXISTING BANK DRAFT (ABC)**
Check this box if you authorize payment from an existing bank draft. Include one of the certificate numbers that is on the draft.

STEP 2

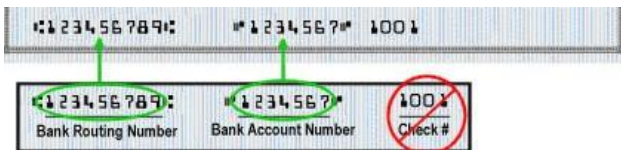
Select a Debit Day

- **1st of the month**
Example: January 1st pays the premium and/or loan for the month of January.
- **15th of the month**
Example: January 15th pays the premium and/or loan for the month of February.

STEP 3

Bank Account Information

- Attach a Voided check OR fill out the following information:
 - **Select Type of Account**
Check the applicable box of a Checking account or Savings account.
 - **9-Digit Bank ACH Routing #**
 - **Account#**



- **Bank Name, Address, City, State and Zip**

STEP 4

- **Enter CERTIFICATES to be debited**
 - Provide ALL of the **Certificate Numbers** and **Insured's Names** to be drafted.
 - Provide the **Premium** payment amount if known.
 - Provide the **Loan** repayment amount if this is to be included.
- **Effective Date**
Write the month and the year we should begin debiting your account.

STEP 5

- **Authorized Signature/s**
Print your name, Sign and date the authorization form if you are the authorized user(s) of the bank account.
 - Single Signature if one authorized user.
 - Joint Signatures if this is a joint account.

Mail or fax completed form to:

ABC
Modern Woodmen of America
PO Box 2005
Rock Island, IL 61204-2005
Fax Number: (309) 793-5640

Debit Authorization

Modern Woodmen of America
 1701 1st Avenue, Rock Island, IL 61201
 Phone: 309-558-3077 or 1-800-447-9811
 www.modernwoodmen.org



TO AUTHORIZE **DEBITS DRAWN BY MODERN WOODMEN OF AMERICA, ROCK ISLAND, IL 61201**

Step 1 – Specify type of debit authorization: (Check all applicable boxes)

- Recurring Automatic Bank Check (ABC)
 Initial Premium (EFT) \$ _____
 Debit **existing Bank Draft** with **Certificate #** _____ (Provide # then skip to Step 4 to add)

Step 2 – Select day to debit:
 1st of the month
 15th of the month (covers premium due the following month)

Step 3 – Complete bank account information: Complete the following steps entirely or attach voided check

Select Type of Account:
 Checking
 Savings
 Bank Name: _____
9-Digit Bank ACH Routing #: _____
 Bank Address: _____

 City, State, Zip: _____
Account # _____

Step 4 – Enter certificates to be debited:

| Certificate Number | Member's Name | Premium Amount | Loan Repayment Amount |
|--------------------|---------------|----------------|-----------------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

Begin drafting this bank information effective _____, _____

Month
Year

Step 5 – Authorized signature:

I hereby request and authorize Modern Woodmen of America (hereinafter called the Society) to initiate a single or recurring ACH/electronic debit(s) from my account as specified on this form, and I authorize the Society to adjust the Premium Amount in accordance with premium changes to the certificate(s) identified herein. I agree that the Society’s rights in respect to each such debit shall be the same as if it were a check or electronic debit drawn from my account, signed personally by me, and made payable to the order of Modern Woodmen of America of Rock Island, Illinois. I further agree to allow refunds to be electronically credited to my account, and if an incorrect amount should be entered into my account, I authorize my Bank and/or the Society (as applicable) to make appropriate adjustments. I further agree that if any debit be dishonored, the Society shall be under no liability whatsoever even if such dishonor results in forfeiture of insurance. The Society may obtain a consumer report pursuant to the federal Fair Credit Reporting Act (FCRA) for purposes of verifying and authenticating my account. I hereby consent and authorize the Society to obtain such a report, and I understand that if any adverse action is taken based on the report, I will be notified according to the FCRA. This authorization shall remain in effect until the Society receives revocation in writing from me in such manner as to afford the Society reasonable opportunity to act on such revocation.

Date _____

_____ Printed Name of Authorized User(s) as shown on Bank Records

_____ Printed Name of **Joint** Authorized User(s) as shown on Bank Records

X _____
 Signature of Authorized User as shown on Bank Record

X _____
 Signature of **Joint** Authorized User as shown on Bank Records

