

Automatic Bank Check Plan Authorization Form Instructions

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

STEP 1

Authorization to Debit

- **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.
- **Recurring Automatic Bank Check (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

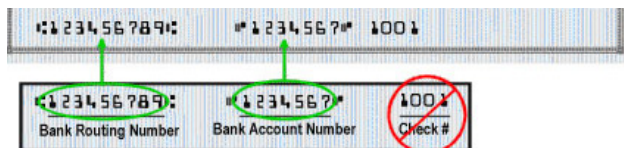
Select a Debit Day

- **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#**



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.
- **Change of Address**
Check the box **YES** if you would like us to use the address listed on the voided check.
- **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, Illinois 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 step 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
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Change my address to that shown on attached voided check (Check box) Yes No

Begin drafting this bank information effective _____, _____.

MONTH YEAR

STEP 5 – Authorized SIGNATURE:

I hereby request and authorize you to pay and charge to my account, checks or electronic debits drawn on my account by and payable to the order of Modern Woodmen of America of Rock Island, Illinois. I agree that your rights in respect to each such debit shall be the same as if it were a check or electronic debit drawn on you and signed personally by me. I further agree to allow refunds to be electronically credited to my account. This authorization shall remain in effect until you receive revocation in writing from me.

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

