

# ACH - DEBIT PAYMENT AUTHORIZATION AGREEMENT

COMPANY NAME: **Serb National Federation**

ID#: **25-0786950**

I (we) hereby authorize: **SERB NATIONAL FEDERATION**, hereafter called SNF Life, to initiate debit entries to my (our)  Checking Account,  Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of United States Law.

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

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

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

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

Date Debited On:  15<sup>th</sup> or  30<sup>th</sup> \*Date of Initial Payment: \_\_\_ / \_\_\_ / \_\_\_

Frequency:  Monthly,  Quarterly,  Semi Annual,  Annual

Insured/Owner: \_\_\_\_\_ Certificate Number: (if known) \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**\*The Initial Payment Date will be the Effective Date of Life Insurance Coverage**

**MORE: PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT VERIFICATION PURPOSES**