



Bank Draft Plan

EFT Premium Authorization

The Premium Payor hereby authorizes Premier Access Insurance Company to debit his/her account or accounts by means of check or draft drawn or other order made whether by electronic or paper means at the below named financial institution for premiums that may become due under the policy as a result of this application. This authorization is to remain in effect until written notice of revocation is received at the Corporate Office of the Company or until the EFT Premium Payment Plan is terminated in a manner provided. I (We) expressly agree to all conditions applicable to the EFT Premium Payment Plan.

CONDITIONS APPLICABLE TO BANK DRAFT PLAN

1. No check, draft or other orders either by electronic or paper means shall constitute payment until the Company actually receives payment thereof within the period provided in the policy.
2. The Bank Draft Plan may be terminated by either party by giving written notice to the other or if funds are not available on the 1st more than once in a twelve month period or if a balance exists on the Group's account.
3. The Bank Draft Plan does not in any manner amend or alter the terms and provisions of any policy, contract or agreement except as may be specifically stated in a policy endorsement or properly executed contract amendment.

For changes or questions: Call our Billing Department toll free at (888) 826-2211.

BANK NAME AND ADDRESS

Name	Office or Branch		
Street Address	City	State	Zip

BANK DRAFT PLAN: EFT PREMIUM AUTHORIZATION TO FINANCIAL INSTITUTION

I authorize the payment of debits on my account payable to Premier Access Insurance Company, provided there are sufficient funds in said account. Unless otherwise instructed, the debit amount shall be equal to the total premiums due on the 1st of the month. I agree that if any such debit be dishonored, Premier Access Insurance Company has the right to debit my account the following month for the dishonored debit as well as the scheduled debit for that month. I further agree that if any debit be dishonored, you shall be under no liability in the event the dishonored debit results in the forfeiture of insurance. This authority shall remain in effect until revoked by me in writing with a 30 day notice.

Premier Access Insurance Company Group No.	Type of Account ___Checking ___Savings	Date of First Withdrawal ___ / 1 / 20___
Transit or Routing Number 	Bank Account Number 	
Payor Name(s)		
Payor Signature(s) (Your signature as on financial institution's records. A copy is as valid as the original.)		

ATTACH A SAMPLE VOIDED CHECK