

DIRECT PAYMENT AUTHORIZATION FORM

Please read, sign and return with your Enrollment Forms

Name (Last, First, Middle Initial):		
Phone:		
Street Address:		
City:	State:	Zip:
Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking		Select Monthly Withdrawal Date: <input type="checkbox"/> 1st <input type="checkbox"/> 8th <input type="checkbox"/> 15th
Please fill in the below information:		
Routing Number:	Account Number: Confirm Account Number:	
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"><p>John & Sheila Customer 1234 9876 Appleview Lane 15-00000000000000 Everytown, US 98765-4321</p><p>PAY TO THE ORDER OF _____ DATE _____ \$ _____</p><p>_____ DOLLARS</p><p>HOMETOWN BANK Downtown, US 98765-4321</p><p>For _____</p><p>250240025 1 234 5678 1234 Routing Number Account Number</p></div>		
<p>Monthly payments are withdrawn on the 1st business day on or after the date you selected above. You will receive a confirmation from Amwins Group Benefits that we have set up your account information to withdraw from your designated bank account. Note: Your monthly deduction will show as Amwins on your bank statement.</p>		
<p>I authorize Amwins to withdraw my payment as communicated to me, by invoice or letter, from my checking or savings account. I agree to notify Amwins in writing or by phone, if my account information changes or to stop the direct debit authorization at least 10 days in advance of the scheduled transfer. I understand that the premium to be withdrawn may change, in which case I will be notified in writing at least 10 days before the new premium is withdrawn. To the extent I have enrolled in preauthorized checking, I understand that the addition or removal of a dependent will impact the amount withdrawn, and hereby consent to such change. I understand that Amwins will confirm the new preauthorized amount, but depending on when I submit this request, such confirmation may occur after the amounts are withdrawn from my account. If my account is erroneously charged, my financial institution will immediately credit the same amount to the account up to the 15 days following issuance of the statement or 45 days after posting, which occurs first.</p>		
Signature:	Date:	