

# Automatic (ACH) premium payment authorization form



As a service to our customers, this form may be used in lieu of submitting monthly checks.

**To enroll in the Automatic Payment Plan:**

1. Complete the authorization form below.
2. Attach a voided check (for checking accounts)
3. Send both items by fax: (954) 421-4185 or by mail: Risk Insurance, 1208 W Newport Center Drive, Suite 202, Deerfield Beach, FL 33442

**Please pay your first premium by check:** Please pay your first Premium by check even if you decide to enroll in an Automatic Payment Plan. Once your request is processed, Automatic deductions will appear on your bank statement within 3 days of the Due Date (1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> of the month)

**Processing time:** We will process your account for automatic deduction as soon as possible after we receive your form. Typically allow 30 days to process your request. *In the meantime please make your regularly scheduled payments by check when you receive a premium notice until you receive a premium notice that indicates "Do not mail your payment - balance will be automatically deducted on the due date".*

I hereby authorize Fidelity Security Life Insurance Company (FSL) to initiate premium deductions from the bank account indicated below. I further authorize the bank named below to debit my account for those payments. Recurring debits shall be made each month in an amount equal to the premium amount due.

**POLICYHOLDER INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_ Email address for notifications: \_\_\_\_\_

**BANK ACCOUNT INFORMATION**

Name on Account: \_\_\_\_\_

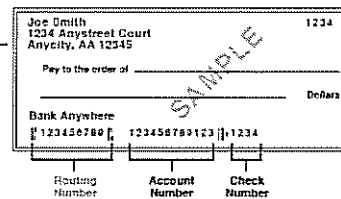
Bank Name: \_\_\_\_\_ Account Type:  Checking Account  Savings Account

**Bank Account Routing / Transit Number\*:** \_\_\_\_\_

\*This is typically a nine digit number separated by a bar and a colon |: 123456789 |:

**Bank Account number:** \_\_\_\_\_

For accurate processing, please attach a voided check



Signature of Bank Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

You may cancel the Automatic Payment Plan at anytime by notifying in writing Fidelity Security Life Insurance Company or Risk Insurance and Reinsurance Solutions. To initiate ACH the policy must be current on its premium payments. You must maintain a bank balance sufficient to honor charges presented for payment. If you change banking arrangements, please fill in another authorization form for processing.