

I hereby request and authorize the withdrawal of funds from the bank account named below for premiums or other contract payments until revoked by me in writing or until the policy is paid in full. I understand that my payment will be withdrawn on or about the same day as my chosen withdrawal date and that multiple withdrawals will be taken from my account if my contract is not paid current when the withdrawals are scheduled to begin. Further, I am aware that if any charge to my account is dishonored, for any reason, the company shall have no liability whatsoever, even if such dishonor results in the forfeiture of the insurance contract.

<b>The Insured</b>	Insured's Name	Policy Number(s)
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<b>Bank Information</b>	<i>Please note that a void check must be returned with this request in order to ensure accurate and timely processing.</i>			
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name of Bank		
	Routing Number	Account Number		
Account Holder Name		Account Holder 2 Name (if applicable)		
Account Holder Address	City	State	Zip	Telephone Number

YOUR NAME  
ADDRESS  
CITY, ST ZIP

Pay to the Order of \_\_\_\_\_

0145

\_\_\_\_\_ DOLLARS

BANK NAME  
ADDRESS  
CITY, ST ZIP

FOR \_\_\_\_\_

Routing Number    Account Number    **DO NOT include the check number.**

⑆00006 7894⑆    ⑆23456 789⑆    0145

*Example of a standard check*

**NOTE:** The routing and account numbers may be in different places on your check.

Do not use the numbers from a deposit slip.

- Please withdraw my premium on its regular due date.
- Please withdraw my premium on the \_\_\_\_\_ of the month. (Withdrawals available 1st-28th of the month only)
- I am aware that I have past due premiums and would like you to make the necessary immediate multiple withdrawals from this account until my contract is paid current.

Printed Name of Account Holder	Signature of Account Holder	Date (mm/dd/yy)
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For assistance with this form, please call 1-800-533-2220  
 Please scan and return your completed, signed form to us by  
 Email: [documents@assurant.com](mailto:documents@assurant.com)  
 Fax: 1-605-719-0601