



NAME _____

POLICY NO. _____

Re: Banking Information

Please complete this form and attach a voided check so we can setup electronic funds transfer for payment of your invoices and/or collection of premium payments.

I authorize the Missouri Insurance Guaranty Associations to initiate electronic credit entries for payment of policy benefits and/or debit entries for collection of premium payments. Further, in the event of an error where the Missouri Life and Health Insurance Guaranty Association would overpay any amount due me under my policy, they may issue a debit entry limited to the amount necessary to correct the error.

☐ checking account

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

DATE _____

FINANCIAL INSTITUTION NAME _____

FINANCIAL INSTITUTION ACCOUNT NO. _____

FINANCIAL INSTITUTION ROUTING NO. _____

FINANCIAL INSTITUTION CITY/STATE _____

NAME(S) ON ABOVE ACCOUNT _____

EMAIL ADDRESS _____
(please print legibly)

PHONE NUMBER _____

SIGNATURE: _____