

Authorization Agreement For Automatic Monthly Bank Draft

Name(s)	Social Security Number	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
I (we) hereby authorize Union Security Insurance Company to initiate debit entries, and to initiate if necessary, credit entries and adjustments for any debit entry corrections to my (our) account indicated below and the Financial Institution named below to debit and/or credit same to such account.			
Bank Name	City	State	
Include your Checking or Savings Account Number in the boxes below:			
Account Number			

IMPORTANT

If you selected the Monthly Bank Draft Payment method, enclose a voided check, your first month's prepayment fee and \$35 enrollment fee with this form and send them to us.

Prepayment fees are deducted from your authorized account on the 15th of the month prior to the month of benefits. The Authorization Agreement automatically renews if the Individual Dental Service Agreement renews.

John M. Doe Mary J. Doe 210 East Anystreet Youngstown NJ 07095	_____ 20 _____	3780 3-6-340
Pay to the ORDER OF _____	VOID	_____ DOLLARS
CP CENTRAL NATIONAL BANK Youngstown, NJ		
Memo _____		
A031000095 285 414 3A 3780		

This authorization is to remain in full force and effective until Union Security Insurance Company has received WRITTEN notification from me (or either of us) of its termination by the 10th of the month prior to the month when the enrollment is to be terminated.

Signature _____ **Date** _____