

Sign Up Sheet for Insurance Premium Automatic Withdrawal

1) Please verify and complete your contact information:

Name: _____ Phone: (____) _____ - _____

Mailing Address: _____

2) Elect the current deduction amounts that you want to have automatically deducted.

Health- _____ Yes: ___ No: ___

Dental- _____ Yes: ___ No: ___ *Until

Vision- _____ Yes: ___ No: ___ *Until

3) Fill in the following automatic withdrawal box:

Financial Institution Name: _____

Checking: __ Savings: __ Routing Number: _____ Account Number: _____

Signature: _____

***You must enclose a voided check if you choose Checking.**