

Bank Draft Authorization

____ New Account

____ Change of Checking Account Information

Applicant's Name _____ **Group #** _____

Name of Depositor _____
(Print name exactly as it appears on financial institution records)

Address _____ **Phone # (____)** _____

City _____ **State** _____ **ZIP** _____

I (we) hereby authorize Benefit Consultants Northwest to initiate debit entries to my (our) checking account and the Financial Institution named below to debit the same to such account. BCNW will not be held accountable for a policy lapse or cancellation due to non-payment if the withdrawal is presented and not honored for any reason and the amount due is not paid.

Name of Financial Institution

Branch _____ **Phone # (____)** _____

Street Address _____

City _____ **State** _____ **ZIP** _____

This authority is to remain in full force and effective until BCNW and the Financial Institution have received written notification from me (either of us) of its termination in such time and in such manner as to afford BCNW and the Financial Institution a reasonable opportunity to act upon it.

Name(s) _____

Date _____ **Signature** _____

Be sure to attach a voided check to this form.

Your insurance premium(s) will be drafted on the 25th of each month.