



DIRECT PAYMENT AUTHORIZATION FORM

Please read, sign and return with your Enrollment Forms.

Name (Last, First, Middle Initial):		
Street Address:		
City:	State:	Zip:
Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking		Select Monthly Withdrawal Date: <input type="checkbox"/> 1st <input type="checkbox"/> 8th <input type="checkbox"/> 15th

Please ensure the following:

To deduct from your checking account;

- A **VOIDED** check must accompany this signed authorization. (Starter checks not accepted)

To deduct from your savings account;

- A Signed letter from your banking institution must accompany this signed authorization.

John & Sheila Customer		1234
9876 Applevue Lane		15-00000000000000
Everytown, US 98765-4321		
DATE _____		
PAY TO THE ORDER OF _____	\$ _____	
_____		DOLLARS
HOMETOWN BANK Downtown, US 98765-4321		
For _____		
I:250240025 I: _____	1 234 5678	1234

IMPORTANT: Include payment by check for the first month in order to process your application and set up the automatic withdrawal.

Monthly payments are withdrawn on the 1st business day on or after the date you selected above.

You will receive a confirmation from AmWINS Group Benefits that we have set up your account information to withdraw from your designated bank account.

Note: Your monthly deduction will show as **“AmWINS”** on your bank statement

I authorize AmWINS to withdraw my payment from my checking or savings account according to my agreed payment schedule. This authorization is to remain in force until AmWINS has received written notification from me of its termination in such time and manner as to afford AmWINS a reasonable opportunity to act on the request. If my account is erroneously charged, my financial institution will immediately credit the same amount to the account up to 15 days following issuance of the statement or 45 days after posting, whichever occurs first.

Signature:	Date:
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