

Automatic Bank Check Plan Authorization
Form Instructions

Be sure the following areas have been completed before mailing:

- Type of Account
- Debit Day
- Bank Routing Number, Account Number, Bank Name and Address or attach a voided check.
- Loan repayments to be included on the Automatic Bank Check plan in the column “Certificate Loans to be repaid by ABC.” Include the certificate number and monthly repayment amount desired.
- List premium payments to be included on the Automatic Bank Check plan in the column “Existing Certificate Premiums to be paid by ABC”. Include the Insured’s name and certificate number.
- Indicate the first month and date the deduction from the account is to be made.
- The authorization form must be signed and dated by the payor of the bank account.
- If needed, complete the change of address notification.

Mail or fax completed form to:

ABC
Modern Woodmen of America
PO Box 2005
Rock Island, IL 61204-2005
Fax Number: (309) 793-5640

DEBIT AUTHORIZATION

TO AUTHORIZE **DEBITS DRAWN** BY MODERN WOODMEN OF AMERICA, ROCK ISLAND, IL 61201

<p>Authorization to Debit</p> <p><input type="checkbox"/> Initial Premium & ABC/EFT</p> <p><input type="checkbox"/> ABC/EFT Only</p> <p><input type="checkbox"/> Initial Premium Only</p> <p>\$ _____ Initial Premium Amount</p> <p>Select Type of Account</p> <p><input type="checkbox"/> Checking</p> <p><input type="checkbox"/> Savings</p> <p><input type="checkbox"/> Existing ABC/EFT Cert #: _____</p> <p>Select Debit Day:</p> <p><input type="checkbox"/> 1st of the month</p> <p><input type="checkbox"/> 15th of the month (Debit issued on 15th of month covers next month's premium)</p>	<p>BANK ACCOUNT INFORMATION</p> <p>Complete the following in its entirety or attach voided check to the right</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Bank Routing Number</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> </tr> </table> </td> <td style="width: 30%;">Acct. # _____</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;"> ↑ ↑ First 2 digits of the Routing Number must be 01 through 12 or 21 through 32 </td> </tr> <tr> <td>Bank Name:</td> <td colspan="2" style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Bank Address:</td> <td colspan="2" style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>City, State, Zip:</td> <td colspan="2" style="border-bottom: 1px solid black;"></td> </tr> </table>	Bank Routing Number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> </tr> </table>													Acct. # _____		↑ ↑ First 2 digits of the Routing Number must be 01 through 12 or 21 through 32		Bank Name:			Bank Address:			City, State, Zip:			IF SUBMITTING VOIDED CHECK - ATTACH HERE
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CERTIFICATE LOANS TO BE REPAID BY ABC		EXISTING CERTIFICATE PREMIUMS TO BE PAID BY ABC		NEW CERTIFICATE PREMIUMS TO BE PAID BY ABC/EFT	
Cert. #	Monthly Loan Repayment	Name	Cert. #	Proposed Insured	Cert. # or App. Date
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				

For existing certificate, please indicate date for first payment: _____, _____ (For ABC/EFT - Select 1st or 15th)
Month Year

Do you want us to change your address as shown on the voided check? Yes No

I hereby request and authorize you to pay and charge to my account, checks or electronic debits drawn on my account by and payable to the order of Modern Woodmen of America of Rock Island, Illinois. I agree that your rights in respect to each such debit shall be the same as if it were a check or electronic debit drawn on you and signed personally by me. I further agree to allow refunds to be electronically credited to my account. This authorization shall remain in effect until you receive revocation in writing from me.

Date (Month - Day - Year)

Print Name of Depositor(s) as shown on Bank Records

X _____
Signature(s) of Depositor(s) as shown on Bank Records

