



COMBINED INSURANCE
 APC Services • PO Box 1160 • Glenview IL 60025-8160
 1-800-544-9382 • www.combinedworksite.com
AUTOMATIC PREMIUM COLLECTION
 Authorization Agreement for Pre-Authorized Payments (Debits)

Name of payor appearing on bank/financial institution record

New/Additional Coverage

Bank/Account Change Only

Reinstatements

Payor's Phone Number

Policy Type (3 = Worksite)

Policy Type	Complete Policy Number	Policyholder Name(s) (Please Print)
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I (we) hereby authorize Combined Insurance Company ("Combined"), to initiate electronic debit entries or effect a change by any other commercially accepted method, to my (our) checking account indicated below, hereinafter called Depository to debit the same to such account. This authority is to remain in full force and effect until Combined and Depository have each received written notification from me (or either of us) of its termination in such time and in such manner as to afford Combined and Depository a reasonable opportunity to act on it.

I (we) understand that if any listed policy contains a premium and benefit increase provision, future premiums will increase as indicated in the policy Premium and Benefit schedule.

I (we) agree that if premiums are not paid within the grace period under the subject policy(ies), as in the event withdrawals are dishonored, the policy(ies) will terminate. Life policies may have non-forfeiture benefits.

Renewal premium payable for above policy(ies)

\$

Preferred Draft Date

DAY

Payor Signature

(Signature must be the same as on file at the bank/financial institution)

TODAY'S DATE

MO DAY YEAR

Agent Name

(Please Print)

CODE NUMBER

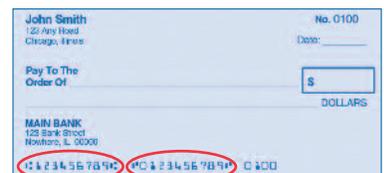
Name of Bank

City & State of Bank

Routing Number (9 digits)

Account Number

COMPLETE THIS INFORMATION.



9 DIGIT ROUTING NUMBER

ACCOUNT NUMBER

See reverse side of customer copy for important bank change information

IMPORTANT BANK CHANGE INFORMATION FOR POLICYHOLDERS

Are you changing banks or staying with the same bank but changing your account number?

REMEMBER...a move from one bank to another or a change to your account number will affect the premium deductions for your Combined Insurance coverage.

To notify us of a change and assure uninterrupted coverage, fill in the necessary information on the reverse side...

(Note: If you do not have a blank form, please call our Customer Service Department at **1-800-544-9382** and we will take your new bank information over the phone.)

- 1) Mark the box entitled - "BANK/ACCOUNT CHANGE ONLY".
- 2) Print your name as it appears on the signature card you completed at your bank in the boxes entitled - "NAME OF PAYOR APPEARING ON THE BANK/FINANCIAL INSTITUTION RECORD".
- 3) Please indicate your current phone number in the boxes entitled - "PAYOR'S PHONE NUMBER".
- 4) List the policy number(s) that are being deducted from your account in the boxes entitled - "COMPLETE POLICY NUMBER".
- 5) Print the names of the policyholders corresponding to each policy number in the boxes entitled - "POLICYHOLDER NAME(S)".
- 6) Sign your name in the box entitled - "PAYOR SIGNATURE" and indicate today's date.

It is **not necessary** to complete the areas entitled -
"Renewal Premium Payable..."
"Preferred Draft Date"
"Agent Name"
"Code Number"

IMPORTANT:

- Be certain to attach a **voided check** from your new account to the bottom portion of the form. Simply remove the adhesive covering and attach your check face-up. Or, if you prefer, you may leave the adhesive covering in place and simply write in your bank account information.
- Do not send a premium payment with this form. If back premiums are needed, our Customer Service Department will contact you.
- Send the TOP COPY of the completed form along with your voided check to:
Combined Insurance
APC Services
PO Box 1160
Glenview IL 60025-8160
- Keep the second copy for your records.

Upon receipt of this information, we will make the necessary arrangements with your bank so that the proper account is billed for future premiums.

Your check authorizes us either to make a one-time electronic fund transfer (EFT) from your account or to process the payment as a check. When processed as an EFT, funds may be withdrawn from your account as soon as the same day we receive your payment and you will not receive your check back. If you want to be excluded from EFT, please call us at 1-800-544-9382.