

ACH Payment Processing Form

This form authorizes US Health and Life Insurance Company (USHL) to automatically deduct your SafeGuard monthly payment* on the 1st of each month. Please complete this form and return it along with a voided check from the bank account where funds will be withdrawn.

**No funds will be withdrawn until the excess loss insurance policy is issued.*

Employer Information

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Name on Account (<i>Account Holder</i>)	Phone Number
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Address		
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City	State	
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Email Address	Zip Code
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Financial Institution Information
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Name (<i>Financial Institution</i>)	Phone Number
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Address		
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City	State	Zip Code
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PLEASE ATTACH VOIDED CHECK		
Please select one:		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Bank Routing Number		
Bank Account Number		

I authorize USHL to obtain payment of my SafeGuard monthly payment by initiating charges to my account in the form of electronic debit entries. I authorize the Financial Institution listed above to accept and honor the USHL initiated electronic debit entry and to charge the account provided above. This authorization will remain in effect until I notify USHL in writing that I have terminated this authorization. I agree to allow at least 7 business days for USHL to act on the termination. I acknowledge receiving a copy of this authorization on this date.

Authorized Signature _____ **Date** _____