



**AUTHORIZATION AGREEMENT FOR  
AUTOMATIC DEDUCTION OF MONTHLY PREMIUM  
(DOES NOT APPLY TO PAYMENT DUE WITH APPLICATION)**

POLICYHOLDER NAME	AAQHC ACCOUNT NUMBER
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I (we) hereby authorize AAQHC, An Administrator, hereinafter called COMPANY, to initiate debt entries to my (our) checking account indicated below and the depository institution named below, hereinafter called DEPOSITORY, to debit the same to such account. I understand that COMPANY will not be held responsible for any losses or costs incurred because of any error in the debit of funds. It is my (our) responsibility to determine if the debit is in the correct amount and at the right time and to immediately notify COMPANY of any differences.

DEPOSITORY INSTITUTION	BRANCH	
CITY	STATE	ZIP CODE
ROUTING NUMBER	ACCOUNT NUMBER	

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (PLEASE PRINT)	SOCIAL SECURITY NUMBER
DATE	SIGNATURE

Please complete the information above and return to COMPANY along with a **VOIDED** check. This authorization will take effect 10 business days after submission to COMPANY. After this authorization is effective, the amount due on your monthly billing statement will be automatically deducted from your bank account by Electronic Funds Transfer (EFT) on the 10<sup>th</sup> of every month for the following month's premium. Your monthly billing statement will be for informational purposes only.

***If you are electing this payment option at the time of applying for a policy, please note that your first month's premium must be made in the form of a check. EFT can only be implemented after the policy has been in force for a minimum of one month.***