



AUTOMATIC BANK DRAFT AUTHORIZATION

I (We) hereby authorize Paramount to DEBIT my (our) account with the following financial institution named below to make my scheduled premium payment. I (We) understand that Paramount is not responsible for any fees, penalties or late charges, which may arise when funds are not available and the ACH debit is rejected. I (We) acknowledge that any fees incurred will become my (our) responsibility to pay and may be in addition to fees charged by my (our) financial institution. I (We) also understand that any rejected debits may be resubmitted for processing. Payment dates that fall on a non-business day will be processed on the next business day.

I (We) understand that this authorization is in effect until I (we) notify Paramount either verbally or in writing that I (we) no longer desire this service, allowing Paramount a minimum of at least two weeks to act upon this notification.

I understand that the funds will be transferred from my account on the _____ day of the month beginning _____, 20_____.

Member Name (Please Print)	Social Security Number	Member ID Number (Current Member Only)
Spouse Member Name (Please Print)	Social Security Number	Member ID Number (Current Member Only)

ENROLLEE MUST COMPLETE ALL INFORMATION BELOW TO ENSURE PROCESSING:

FINANCIAL INSTITUTION INFORMATION			
ACCOUNT TYPE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		ACCOUNT INFORMATION: <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE	
ABA ROUTING NUMBER (First 9 digits)	ACCOUNT NUMBER	FINANCIAL INSTITUTION NAME	
FINANCIAL INSTITUTION ADDRESS			
Number and Street Address		City	State
Zip			
Member Signature	Date	Spouse Signature	Date
Signature of Authorized Representative	Relationship to Member	Telephone Number () _____-_____	Date

Please Note: Please attach a voided check for bank information verification