



AUTOMATIC BANK DRAFT AUTHORIZATION

I hereby authorize Paramount to DEBIT our account with the financial institution named below to make our scheduled premium payment. I 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 acknowledge that any fees incurred will become our responsibility to pay and may be in addition to fees charged by our financial institution. I 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 understand that this authorization is in effect until Paramount is notified either verbally or in writing that I no longer desire this service, allowing Paramount a minimum of at least two weeks to act upon this notification.

I understand funds will be deducted beginning _____, 20____.
(month)

Please select preferred withdrawal date:

- 3 days before it is due
- 4 days before it is due
- 5 days before it is due
- 1 day after due date

_____ Group Name (Please Print) _____ Group/Division Number _____ Date

ALL INFORMATION BELOW MUST BE COMPLETE TO ENSURE PROCESSING:

FINANCIAL INSTITUTION INFORMATION			
ACCOUNT TYPE: <input type="checkbox"/> CHECKING		ACCOUNT INFORMATION: <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE	
ABA ROUTING NUMBER <small>(First 9 digits)</small>	ACCOUNT NUMBER	FINANCIAL INSTITUTION NAME	
FINANCIAL INSTITUTION ADDRESS			
Number and Street Address	City	State	Zip
Signature		Date	

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