



<b>For Office Use</b>	
Premium Attached?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
Check # _____	
Eff Date	

### AUTOMATIC BANK DRAFT AUTHORIZATION

I hereby authorize Paramount to DEBIT my (our) account with the financial institution named below to make my (our) 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 Paramount is notified 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.

Funds will be transferred from this account beginning on \_\_\_\_\_, 20\_\_\_\_.  
(month) (date)

\_\_\_\_\_  
 Member Name (Please Print)      Date of Birth      Member ID Number (Current Member Only)

\_\_\_\_\_  
 Spouse Name (Please Print)      Date of Birth      Member ID Number (Current Member Only)

**ALL INFORMATION BELOW MUST BE COMPLETE 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 <small>( First 9 digits)</small>	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 and Relationship to Member		Date	

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