

AUTHORIZATION FOR AUTOMATIC INSURANCE PAYMENT

I, _____, hereby authorize **Memorial Insurance Company of America** in Blytheville, Arkansas to generate insurance drafts to my checking account for the payment of my insurance premiums. The automated draft of \$_____ will be processed on the 3rd day of the month in which my premium is due beginning on the 1st day of _____, _____, and will continue _____ (monthly, quarterly, semi-annually, or annually) until I notify you of my desire to withdraw from the automated payment program.

Policy number _____

Funeral home _____

Name of Bank _____

Bank Address _____

Exact name on acct _____

Checking acct nmbr _____

Signature _____

(Use the name that appears on your checking account)

Date of Signature _____

IN ORDER TO PROCESS YOUR REQUEST YOU MUST INCLUDE A VOIDED CHECK FROM YOUR CHECKING ACCOUNT.

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