PARAMOUNT

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: ☐ CHECKING		ACCOUNT INFORMATION: ☐ NEW ☐ CHANGE	
ABA ROUTING NUMBER (First 9 digits)	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