For Office Use
Premium Attached?
☐ No ☐ 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: ☐ CHECKING ☐ SAVINGS		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

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