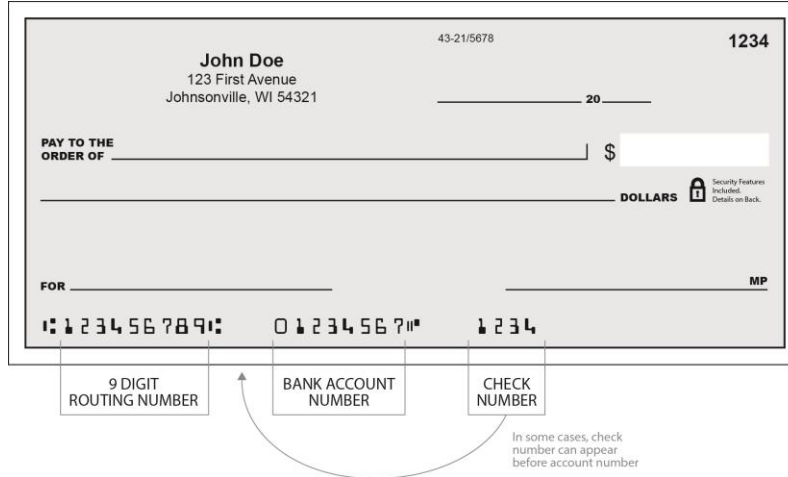


# Your Financial Institution Information

(Please attach a copy of a voided check with this application)

## Credit Union or Bank Account Information



ACCOUNT NAME / TITLE \_\_\_\_\_

NAME OF CREDIT UNION OR BANK \_\_\_\_\_

9 DIGIT ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT:  CHECKING  SAVINGS

By signing this form, you hereby permit LyfeSystems to create and present an electronic check transaction to your financial institution in the amount LyfeSystems requests to draw on the routing / account number provided. This amount will include the payment required to pay your insurance premium in full plus any owed LyfeSystems service fees, if applicable. LyfeSystems will also use this routing / account number to reimburse you for any approved Funds Transfer Requests.

This electronic check will be presented to your bank as needed to pay your insurance in full. Collections will take place approximately between the 22nd and the 28th of the month. This may vary based on holidays, weekends and each carriers' unique billing procedures. If this payment is rejected for any reason a Non-Sufficient Funds Fee of \$29.00 will be applied.

*I am electing to complete the banking account information on this form to participate in LyfeSystems' Full Premium Payment Program.*

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_