



REQUEST FOR AUTOMATIC DEBIT AUTHORIZATION

Polish National Alliance
6100 N. Cicero Ave., Chicago, IL 60646-4386

1-800-621-3723
www.pna-znp.org

PLEASE PRINT

I hereby request the option of paying premiums to POLISH NATIONAL ALLIANCE OF THE U.S. OF N.A., Chicago, Illinois, under the Alliance's Automatic Debit Authorization Plan and hereby request the Alliance to pay said premiums by charging the account of:

PRINT NAME(S) AS SHOWN ON BANK ACCOUNT

BANK ACCOUNT NUMBER

IN THE _____
NAME OF BANK

OF _____
CITY AND STATE

BRANCH BANK (IF ANY)

BANK TRANSIT NUMBER AND ROUTING SYMBOL

SUBJECT TO THE FOLLOWING CONDITIONS:

1. The charges shown on each month's Bank statement will constitute receipt of payment for premiums.
2. The privilege of paying premiums under this plan may be revoked by the Alliance if charges are not paid upon presentation.
3. This Plan shall not be construed as a modification of any of the provisions of the policies expect that during the continuance of this Plan, the Alliance shall not be required to give notice of premiums becoming due on any of the policies paid through this plan.
4. The payment of premiums under this Plan may be discontinued by the Alliance or the undersigned upon thirty (30) days written notice.

The Policies to be Paid Under This Plan:

Lodge No. _____	Policy No. _____	Insured: _____	Amount: \$ _____
Lodge No. _____	Policy No. _____	Insured: _____	Amount: \$ _____
Lodge No. _____	Policy No. _____	Insured: _____	Amount: \$ _____
Lodge No. _____	Policy No. _____	Insured: _____	Amount: \$ _____

Total Amount: \$ _____

As a convenience to me, I hereby request and authorize you to transfer from my fund or account on the 1st day of the month (monthly, quarterly, semi-annually or annually), provided there are sufficient funds in said fund to pay premiums. This authority is to remain in effect until revoked by me in writing and until you actually receive notice. I agree that you shall be fully protected in honoring any such charge to my account.

I further agree that if any such charges were dishonored, whether with or without cause and whether intentionally or unintentionally, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

DATE _____ SIGNATURE OF PAYER _____ IF JOINT ACCOUNT, OTHER SIGNATURE _____

PLEASE ATTACH A VOIDED BLANK CHECK TO VERIFY ACCOUNT NUMBER ACCURACY