COMBINED INSURANCE

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APC Services • PO Box 6704 • Scranton PA 18505-0704
1-800-951-6206 • www.combinedinsurance.com

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AUTOMATIC PREMIUM COLLECTION

Authorization Agreement for Pre-Authorized Payments (Debits)

New/Additional Coverage X

Bank/Account Change Only X

Reinstatements X

Name of payor appearing on bank/financial institution record

Payor's Phone Number

Policy Type (A = Accident, S = 7th Essential Health Product, 3 = Worksite, L = Life, H = Health)

Policy Type	Complete Policy Number		Policyholder Name(s) (Please Print)

I (we) hereby authorize Combined Life Insurance Company of New York ("Combined"), to initiate electronic debit entries or effect a change by any other commercially accepted method, to my (our) checking account indicated below, hereinafter called Depository to debit the same to such account. This authority is to remain in full force and effect until Combined and Depository have each received written notification from me (or either of us) of its termination in such time and in such manner as to afford Combined and Depository a reasonable opportunity to act on it.

I (we) understand that if any listed policy contains a premium and benefit increase provision, future premiums will increase as indicated in the policy Premium and Benefit schedule.

I (we) agree that if premiums are not paid within the grace period under the subject policy(ies), as in the event withdrawals are dishonored, the policy(ies) will terminate. Life policies may have non-forfeiture benefits.

Renewal premium payable for above policy(ies) $ PBD

Payor Signature

(Signature must be the same as on file at the bank/financial institution)

TODAY'S DATE MO DAY YEAR

Agent Name

(Please Print)

CODE NUMBER

Name of Bank

City & State of Bank

Routing Number (9 digits)

Account Number

COMPLETE THIS INFORMATION OR REMOVE LINER TO EXPOSE ADHESIVE AND ATTACH VOIDED CHECK HERE

See reverse side of customer copy for important bank change information

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TODAY'S DATE MO DAY YEAR

Agent Name

(Please Print)

CODE NUMBER

See reverse side for important bank change information

IMPORTANT BANK CHANGE INFORMATION FOR POLICYHOLDERS

Are you changing banks or staying with the same bank but changing your account number?

REMEMBER...a move from one bank to another or a change to your account number will affect the premium deductions for your Combined coverage.

To notify us of a change and assure uninterrupted coverage, fill in the necessary information on the reverse side...

(Note: If you do not have a blank form, please call our Customer Service Department at 1-800-951-6206 and we will take your new bank information over the phone.)

1) Mark the box entitled – "BANK/ACCOUNT CHANGE ONLY".
2) Print your name as it appears on the signature card you completed at your bank in the boxes entitled – "NAME OF PAYOR APPEARING ON THE BANK/FINANCIAL INSTITUTION RECORD".
3) Please indicate your current phone number in the boxes entitled – "PAYOR'S PHONE NUMBER".
4) List the policy number(s) that are being deducted from your account in the boxes entitled – "COMPLETE POLICY NUMBER".
5) Print the names of the policyholders corresponding to each policy number in the boxes entitled – "POLICYHOLDER NAME(S)".
6) Sign your name in the box entitled – "PAYOR SIGNATURE" and indicate today's date.

It is not necessary to complete the areas entitled –

"Policy Type"
"Renewal Premium Payable..."
"PBD"
"Agent Name"
"Code Number"

IMPORTANT:

- Be certain to attach a voided check from your new account to the bottom portion of the form. Simply remove the adhesive covering and attach your check face-up. Or, if you prefer, you may leave the adhesive covering in place and simply write in your bank account information.
- Do not send a premium payment with this form. If back premiums are needed, our Customer Service Department will contact you.
- Send the TOP COPY of the completed form along with your voided check to:

  Combined Insurance
  APC Services
  PO Box 6704
  Scranton PA 18505-0704

- Keep the second copy for your records.

Upon receipt of this information, we will make the necessary arrangements with your bank so that the proper account is billed for future premiums.

Your check authorizes us either to make a one-time electronic fund transfer (EFT) from your account or to process the payment as a check. When processed as an EFT, funds may be withdrawn from your account as soon as the same day we receive your payment and you will not receive your check back. If you want to be excluded from EFT, please call us at 1-800-951-6206.