

**CHANGE BANK  
FOR AUTOMATIC PAYMENT**

You must submit this form with a voided check

**Name on the Bank Account**

(First Name, Middle, Last Name)

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**Current Address**

(If not the same as the one printed on the check)

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**Daytime Telephone Number:**

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**Insured / Policyholder Full Name:**

(If different from the one on the bank account)

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**Insured / Policyholder Address:**

(If different from the one on the bank account)

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**Policy / Account / Contract Number:**

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**Signature**

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**Date**

**Attach Voided Check Here**