



For HR use only: Autodebit Amount: _____
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Authorization Agreement for Automatic Premium Payments
(ACH DEBITS)

CobraGuard, Inc.
Company

48-1244306
Company ID

You must pay your RETIREE premiums via automatic debit from your checking account, please sign and date the Authorization below and send it to CobraGuard along with a check from the checking account you wish CobraGuard to automatically debit for your premium payment: Please write **VOID** across the check. On or around the 1st day of each month for which you are eligible for RETIREE coverage, we will debit your checking account in the amount of the premiums due for the coverage you have elected. The premium amount due may change due to rate changes instituted by the insurance carrier(s) providing your healthcare plan(s) and on annual basis, and your designated checking account will be automatically debited for the new rates in the future.

By signing below, I authorize CobraGuard to initiate debit entries and/or correction entries, including changes in the rates of the healthcare plans, on my designated checking account as provided on the enclosed check with VOID printed or written across it. I understand that CobraGuard will debit my designated checking account on or around the 18th day of every month for my premium amount, which I acknowledge is subject to change in the future, until such time that I choose to discontinue my coverage by written notice to CobraGuard or my coverage period expires or I rescind this authorization in writing to CobraGuard.

Signature _____ Date _____

Month to Begin ACH _____ CHECKING account SAVINGS account
(select one)

Depository Name

Branch

City

State

Bank Transit/ABA Number

Bank Account Number

Name(s)

CobraGuard Retiree Account Number (office use only)

ATTACH YOUR VOIDED CHECK

To be retained in Company File until termination