

ACH - DEBIT PAYMENT AUTHORIZATION AGREEMENT

COMPANY NAME: **Serb National Federation**

ID#: **25-0786950**

I (we) hereby authorize: **SERB NATIONAL FEDERATION**, hereafter called SNF Life, to initiate debit entries to my (our) Checking Account, Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of United States Law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until SNF Life has received written notification from me (us) of its termination in such time and in such manner as to afford the SNF Life and DEPOSITORY a reasonable opportunity to act on it.

Date Debited On: 7th 15 15th 21st 31st

Frequency: Monthly Quarterly Semi Annual Annual

Insured/Owner: _____ Certificate Number: (if known) _____

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

IMPORTANT NOTICE:

A VOIDED CHECK MUST BE ATTACHED FOR ACCOUNT VERIFICATION PURPOSES.