

PO Box 7937 Lake Forest IL 60045-7937

P352-10 (4-21)

Phone: (800) 918-8877 Fax: (847) 615-4943

Email: CustomerCare@trustmarkbenefits.com

Website: Trustmark VB.com

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

I (We) hereby authorize Trustmark Insurance Company to initiate debit entries or charges to my (our) account, indicated below, for the payment of insurance premiums, and the depository named below, hereinafter called Financial Institution, to debit the same to such account

| to debit the same to sach ac | ocurre. | | |
|---|---------------------------------|-------------------------------------|---|
| | | Hame Address City, State, ZIP | 117 |
| Print nan | ne(s) as shown on account | City, State, ZIP Pay to the | Date: |
| Print full name of | financial institution or branch | order of | SDottars |
| | | Bank Address | |
| Print full address of financial institution or branch | | E 123456789 | 12 34567890 117 Account Number |
| Print City, State and Zip | | | ABA Routing Code Il Institution |
| Policy | yholder Email Address | | |
| Financial Institution's ABA R | outing Code | Account Nun | nber |
| Туре с | of Account CHECK | KING/SHARE DRAFT 🗆 SA | AVINGS/SHARE |
| | (voided check mu | ust be attached) | |
| I (We) authorize payment for | the following policies: | | |
| Insured's Name (Print) | Policy/Certificate Number | Insured's Name (Print) | Policy/Certificate Number |
| Insured's Name (Print) | Policy/Certificate Number | Insured's Name (Print) | Policy/Certificate Number |
| Insured's Name (Print) | Policy/Certificate Number | Insured's Name (Print) | Policy/Certificate Number |
| Insured's Name (Print) | Policy/Certificate Number | Insured's Name (Print) | Policy/Certificate Number |
| Insured's Name (Print) | Policy/Certificate Number | Insured's Name (Print) | Policy/Certificate Number |
| Insured's Name (Print) | Policy/Certificate Number | Insured's Name (Print) | Policy/Certificate Numb |
| □ Monthly | □ Quarterly | □ Semi-Annual □ | Annual |
| - | | | written notification from me (us) a reasonable opportunity to act. |
| | Please retain a copy | y for your records. | Requested Draft Date - Draft may be taken within three business days of selected date (May NOT be 29, 30 |
| 01 11 11 | | | or 31) |
| Signature of Account H | olaer Print na | ame of Account Holder | Date |
| Signature of Joint Accoun | t Holder Print name | e of Joint Account Holder | Date |