

## Mational States Insurance Company

2388 Schuetz Road - Suite A10, St. Louis, Missouri 63146

Area Code: 314-878-0101 Toll Free: 800-868-6788 Fax: 314-878-8118

Dear Policyholder,

Sincerely, Accounting

Thank you for authorizing us to draft your bank account through our Bank Plan program. I feel this was a prudent decision on your part. It will help guarantee that your insurance policy will not lapse.

In order that we may comply with your request to use our bank plan program, please furnish us with the information that has been checked below:

[x]	Name of Insured		
[x]	[x] Policy number		
[x]	Bank account number  Bank transit/routing number		
[x]			
[x]	Voided check (blank check with VOID written acros	s it)	
[x]	PLEASE MARK ONE BOX: checking account [ ]	or savings account [ ]	
AU	THORIZATION TO HONOR CHECKS DRAWN BY NATION	NAL STATES INSURANCE COMPANY	
Name of Your	Bank:		
Your Bank's A	Address:		
Louis, Missou whatsoever o understand th automatically	est the above named bank to honor checks drawn on me by iri, and to charge such checks against my account until furth in the bank's part for any reason whatsoever for payment or nat if for any reason these checks are not honored by my badiscontinued by National States and that it will be my responses. I further understand that it is my responsibility to review	ner notice. I agree that there shall be no liability failure to pay any such checks drawn on me. I nk that the pre-authorized check privilege will be insibility to pay any premiums due directly to	
checks have l	been properly submitted and honored. I would like my acc		
		(Monthly or Quarterly)	
(Customer's Signature)	gnature EXACTLY as it appears on Bank Records)	(Date)	
IMPORTANT	NOTICE - Please be sure to include your premium paymen	nt with the signed authorization.	
Than	ık you for placing your coverage with National States I	nsurance Company.	