



Premium Payment Information

Please select one of the monthly premium payment options listed below:

- Credit Card payments
 Automatic Bank Withdrawal (Electronic Funds Transfer)

EFT AUTHORIZATION

Name of Depositor:

(Name must match bank records exactly)

Name of Bank:

(Enter Name of Bank or Branch where account is maintained)

Location of Bank:

City

State

What type of account is this: Checking Savings

Account Number:

Routing Number:

To the above named Financial Institution:

I request that you pay and charge my account, debits drawn on my account by CGI to its own order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may at any time, end this agreement by giving 30 days advance written notice to me and CGI. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

To complete the above authorization, please enter your name exactly as entered above including middle initial (if any):

Bank Depositor:

Date:

CREDIT CARD AUTHORIZATION

Name as it appears on the Credit Card:

Credit Card:

Account Number (no dashes):

Expiration Date: