

**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.

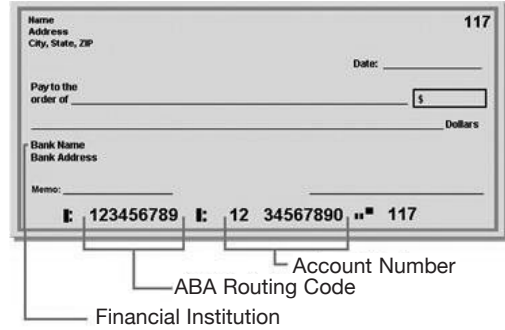
\_\_\_\_\_  
 Print name(s) as shown on account

\_\_\_\_\_  
 Print full name of financial institution or branch

\_\_\_\_\_  
 Print full address of financial institution or branch

\_\_\_\_\_  
 Print City, State and Zip

\_\_\_\_\_  
 Policyholder Email Address



Financial Institution's ABA Routing Code

1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
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Account Number

1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
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Type of Account  CHECKING/SHARE DRAFT  SAVINGS/SHARE  
**(voided check must 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 Number

Monthly  Quarterly  Semi-Annual  Annual

This authority is to remain in full force until Trustmark Insurance Company has received written notification from me (us) of its termination in such time and such manner as to afford Trustmark Insurance Company a reasonable opportunity to act.

Please retain a copy for your records.

Requested Draft Date - Draft may be taken within three business days of selected date

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(May NOT be 29, 30 or 31)

_____ Signature of Account Holder	_____ Print name of Account Holder	_____ Date
_____ Signature of Joint Account Holder	_____ Print name of Joint Account Holder	_____ Date