

## Authorization Agreement for Electronic Funds Transfer

Account Holder Name: \_\_\_\_\_

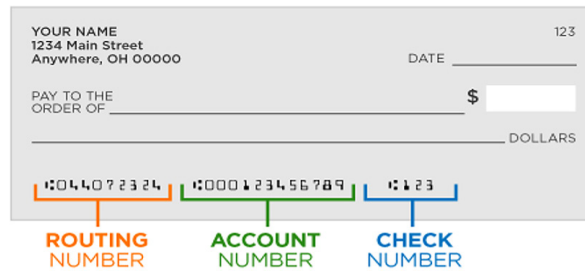
Email Address: \_\_\_\_\_

Policy/Certificate Number(s): \_\_\_\_\_

Type of Account (Savings/Checking): \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_



## Enrollment Agreement / ACH (Bank Draft) Authorization

- To the best of my knowledge and belief, all statements and answers made on this form and all associated application forms are true.
- I hereby authorize Trustmark Insurance Company to initiate debit entries or charges to my (our) account, indicated above, for the payment of insurance premiums, and the depository named above, hereinafter called Financial Institution, to debit the same to such account.
- I understand that omissions or misrepresentations in the information I have provided may constitute fraud and may result in my coverage being void.
- Pursuant to IRC § 125, 'pre-tax' elections are irrevocable during the plan year. No changes to 'pre-tax' elections are allowed during the plan year unless you experience a qualified change in status event. Qualified change in status events include: change in marital status, change in dependent status, change in employment status. You have 30 days from the date of the change to contact human resources to change your benefit elections.
- I understand that the draft amount may increase in the future due to any change in benefits that occur over time due to rider selection (e.g. EZ Value), increases in premium due to age, or policy rider changes that you may request.
- My authorization shall continue thereafter until the earlier of (a) written notice from me canceling this authorization, or (b) termination of the ACH (Bank Draft).
- I understand that it is my responsibility to verify the ACH (Bank Draft) amounts from my bank account and to notify Trustmark immediately of any discrepancies.
- Upon acceptance by the insurers, I hereby authorize Trustmark to initiate an ACH (Bank Draft) in the amounts indicated on this form.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

*"I understand that by typing my name on this form, I am electronically signing this document and that such electronic signing shall be treated as a valid signature for all purposes on this form."*