

**THE INDIANA STATE UNIVERSITY STUDENT INSURANCE PLAN
AUTOMATIC PAYMENT AUTHORIZATION 2014-2015**

I request and authorize AIP STUDENT INSURANCE and/or its designee to obtain payment of amounts becoming due the Company by initiating charges to my account in the form of checks, share drafts, or electronic debit entries, and I request and authorize the Financial Institution named below to accept and honor the same to my account. I understand that there is no provision for cancellation unless admitted into the Armed Forces.

DRAFT DATE: _____ (Will be debited on the 22th of each month)

DRAFT AMOUNT: _____

Check One: Checking Account Savings Account

NAME OF BANK WHERE ACCOUNT IS AUTHORIZED _____

ADDRESS OF BANK _____

CITY _____

STATE _____

NAME OF INSURED, APPLICANT (PRINT) _____

NAME(S) OF DEPOSITOR(S) IF OTHER THAN THE INSURED _____

DEPOSITOR SOCIAL SECURITY NUMBER _____

DEPOSITOR DRIVER'S LICENSE NUMBER _____

DEPOSITOR STATE _____

RELATIONSHIP TO INSURED _____

SIGNATURE OF DEPOSITOR _____

DATE _____

AUTOMATIC PAYMENT FROM YOUR CHECKING ACCOUNT REQUIRES A COPY OF A VOIDED CHECK (PLEASE DO NOT SEND A DEPOSIT SLIP)

Please automatically charge my Student insurance premiums to my account identified below for this entire policy year.

VISA DISCOVER MASTERCARD AMEX

Card Number _____ Expires: _____

Last 3 numbers on the reverse side of the credit card. Located within the signature box _____ (For Authorization Purposes)

Print name of cardholder _____

Cardholder phone number _____

Amount authorized to debit _____ for Student Health Insurance.

Cardholder signature _____

Today's Date _____

FOR HOME OFFICE USE ONLY

BANK TRANSIT NUMBER _____

DEPOSITOR'S ACCOUNT NUMBER _____