

**THE INDIANA STATE UNIVERSITY STUDENT INSURANCE PLAN  
AUTOMATIC PAYMENT AUTHORIZATION 2015-2016**

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 \_\_\_\_\_