THE INDIANA STATE UNIVERSITY STUDENT INSURANCE PLAN
AUTOMATIC PAYMENT AUTHORIZATION 2013-2014

☐ 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 _____