

# Pre-Authorized Check (PAC) Draft Authorization

## Request for Monthly Payment of Medical\* Premiums by Automatic Bank Deduction (including group life premiums, if applicable)

As a convenience to me, I authorize Total Plan Services, Inc., Dallas, Tx, on behalf of Nippon Life Insurance Company of America, TIN#04-2509896, to debit premiums and, if necessary, make adjustments for any error to my account at the bank (or other financial institution) I have indicated below. I also authorize said bank to debit and, if applicable, credit the amount of those entries to my account made payable to the order of Nippon Life Insurance Company of America.

I understand and agree that:

- 1) My premium will be drafted on the 1<sup>st</sup> or the 10<sup>th</sup> day of each month; (please indicate your preference)
- 2) The bank's rights with respect to each charge will be the same as if personally executed by me;
- 3) This authorization will remain in effect until I provide written notification to Total Plan Services, Inc. that I wish to revoke it. I will allow Total Plan Services, Inc. thirty (30) days to act on this notice;
- 4) Total Plan Services, Inc. and my bank may discontinue service; and
- 5) The presentation of any such debit or draft shall constitute due notice of premiums being due for a policy of insurance on my behalf and/or on behalf of my eligible dependents. I understand that should my bank dishonor any such debit or draft for any reason, it will be my responsibility to make arrangements with Total Plan Services, Inc. for premium payments within the grace period to prevent lapse or possible termination due to nonpayment in accordance with the terms of the policy.

### INSURED (Premium Payor) INFORMATION

\_\_\_\_\_  
Name of Insured/Employer

\_\_\_\_\_  
Name of Professional Membership Association

\_\_\_\_\_  
Certificate Holder ID (SSN)

\_\_\_\_\_  
Date to begin PAC service

\_\_\_\_\_  
Daytime telephone number

### BANK ACCOUNT INFORMATION

\_\_\_\_\_  
Name of bank or financial institution

\_\_\_\_\_  
Branch City State ZIP

\_\_\_\_\_  
Name(s) as appears on bank account

Please circle one      Checking      Savings

\_\_\_\_\_  
Account number      Bank Transit/Routing Encoding Number

\_\_\_\_\_  
Signature of Premium Payor (must be identical to bank records)      Date

\_\_\_\_\_  
\*Signature (if joint account, both signatures required)      Date



BENEFIT FROM OUR DEDICATED SERVICE

#### RETURN TO:

**Total Plan Services, Inc.**  
**14001 Dallas Parkway North, Ste 700**  
**Dallas, Tx 75240**

Please return

- Completed Authorization
- Current month's premium check
- Voided check