



150 Social Hall Avenue, Suite 170
P.O. Box 45530 • Salt Lake City, Utah 84145
Telephone: 801-578-5600 • Toll free: 800-777-3622
Fax: 801-578-5904 • Website: www.dmba.com

AUTOMATIC PAYMENT AUTHORIZATION AGREEMENT

I hereby authorize DMBA to initiate debits for the monthly premium amount to the financial institution and account indicated below. This authorization will remain in effect until canceled by me or the financial institution identified with the account. I understand that:

- If DMBA receives this completed form by the 10th of a month, automatic payments will begin the following month.
- If DMBA does not receive this form by the 10th of the month and I have not paid by personal check, I will have a double deduction taken from my account the following month.
- Payments will be deducted from my account on the 15th business day of each month.
- If funds are not in my account for the monthly premium, my coverage will be in jeopardy of termination.
- This authorization will be automatically revoked upon termination of my coverage.

Participant's Name: _____

Social Security Number: _____ DMBA ID Number: _____

Financial Institution: _____ Bank Routing Number: _____

Account Number: _____ Account Type: Checking Savings

Institution Street Address: _____

City: _____ State: _____ Zip Code: _____

Account Holder Signature: _____ Date: _____

Joint Account Holder Signature: _____ Date: _____

**For checking accounts only:
Please attach a voided check here.**