PRE-AUTHORIZED PAYMENT PLAN – BANK DRAFT/EFT

United Security Assurance Company of Pennsylvania

PO BOX 64477 • SOUDERTON PA, 18964

The Pre-Authorized Payment Plan is subject to the following Conditions:

- 1. The Company shall draft my account on or about the 1st or 15th of the month (whichever is closest to the due date) as requested below, as it deems appropriate. A separate transaction will be used for each policy.
- 2. The Company may revoke the privilege of paying premium under the BANK DRAFT/EFT PLAN if any payment is dishonored. A service fee may be assessed for all dishonored payments.
- 3. The Company or the undersigned, upon thirty (30) days written notice, may discontinue payment of premium under the Plan.
- 4. If the Plan is discontinued, an alternative payment acceptable to the Company may be used to remit the premiums needed to keep the policy(s) in force and current.
- 5. The Company will not send premium notices while this Plan is in effect.
- 6. A request for change or adjustment must be received in the Company's Home Office at 673 East Cherry Lane, PO Box 64477, Souderton, PA 18964 or Faxed to (215) 723-8036, at least 6 days prior to the scheduled transaction date.

CHECKING ACCOUNT - MUST ATTACH COPY OF VOIDED CHECK BELOW

SAVINGS ACCOUNT - Requires bank letter or specification sheet (the signature of your local bank representative MUST be included) with the Routing and Account Number specified

BANK NAME	

CITY STATE & ZIP

BANK ACCOUNT NUMBER

TRANSIT ROUTING NUMBER (9-Digits)

Annually Semi-Annually Quarterly Monthly (if no box is selected monthly will be deducted) 1st day of month 15th day of month

New Application
In F

In Force Policy Number Involved

(For new applications, whichever date you choose will determine the effective date of your Policy, either the 1st or the 15th of the month)

POLICY NUMBER	NAME OF INSURED/APPLICANT

AUTHORIZATION: In accordance with the agreements and conditions listed, I (we) hereby request and authorize the Company, its representatives or affiliates, to initiate debit entries on the Bank account listed herein for the purpose of paying premium and I (we) authorize the Bank to accept and post these debit entries (and credit entries if necessary to correct errors) to the named account.

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Authorized Signature of Depositor (as it appears on Bank Documents)

Printed Name on Account

Date

Signature of Applicant/Insured (if different from Depositor)

John A Doe	1001
Jane B Doe 123 Main Street ATTACH VOIDED CHEC Anytown, PA 12345-6789	
Deposit Slips NOT Ac	cepted
Pay to the order of	\$
	Dellere
Certain accounts may have restriction withdrawals. Check with your bank f specific to your account.	
withdrawals. Check with your bank f	