

## DIRECT PAYMENT AUTHORIZATION FORM

Please read, sign and return with your Enrollment Forms to  
AmWINS Group Benefits, 50 Whitecap Drive, North Kingstown, RI 02852

<b>Name (Last, First, Middle Initial):</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Type of Account:</b> <input type="checkbox"/> Savings <input type="checkbox"/> Checking		<b>Select Monthly Withdrawal Date:</b> <input type="checkbox"/> 1st <input type="checkbox"/> 8th <input type="checkbox"/> 15th

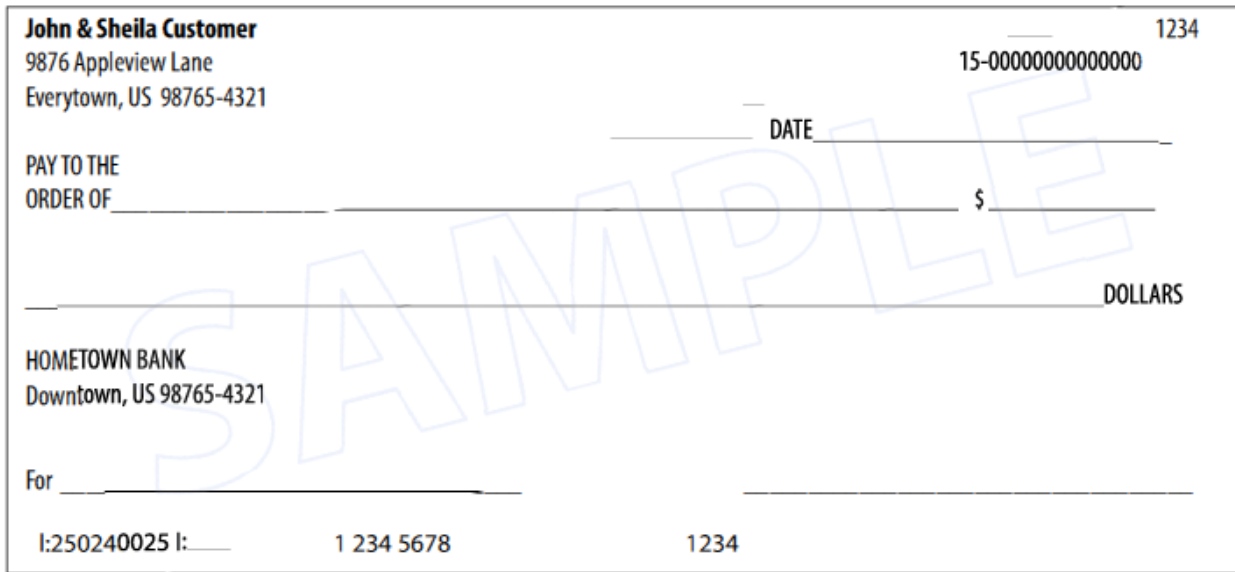
**Please ensure the following:**

To deduct from your checking account;

- A **VOIDED** check must accompany this signed authorization. (Starter checks not accepted)

To deduct from your savings account;

- A Signed letter from your banking institution must accompany this signed authorization.



Monthly payments are withdrawn on the 1<sup>st</sup> business day on or after the date you selected above. You will receive a confirmation from AmWINS Group Benefits that we have set up your account information to withdraw from your designated bank account. **Note:** Your monthly deduction will show as **AmWINS** on your bank statement.

I authorize AmWINS to withdraw my payment from my checking or savings account according to my agreed payment schedule. This authorization is to remain in force until AmWINS has received written notification from me of its termination in such time and manner as to afford AmWINS a reasonable opportunity to act on the request. If my account is erroneously charged, my financial institution will immediately credit the same amount to the account up to 15 days following issuance of the statement or 45 days after posting, whichever occurs first.

<b>Signature:</b>	<b>Date:</b>
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