Golden Rule®
A UnitedHealth Group Company

Monthly Preauthorized Charge (P.A.C.) Authorization Form

(Please make a duplicate copy to retain for your records.)

ID No._____

DEPOSITOR'S INFORMATION -- REQUIRED

Name:_____

Address: _____
(P.O. Boxes are **NOT** accepted.)

City: _____ State: ____ ZIP: _____

Please check the appropriate boxes below if this is a change of address.

❑ Insured ❑ Payor ❑ Permanent ❑ Temporary

Please draft on the _____ of each month.
Day

The draft will be made on the premium due date unless you select a different day. Drafts may be scheduled: 1) on the premium due date; 2) on a day before the premium due date (we will not draft more than 29 days prior to the due date); or 3) up to 10 days after the due date. In Tennessee and Texas, drafts may only be scheduled on 1) the premium due date; or 2) up to 10 days after the due date.

1. Write your *nine*-digit **check routing** number for your financial institution here:

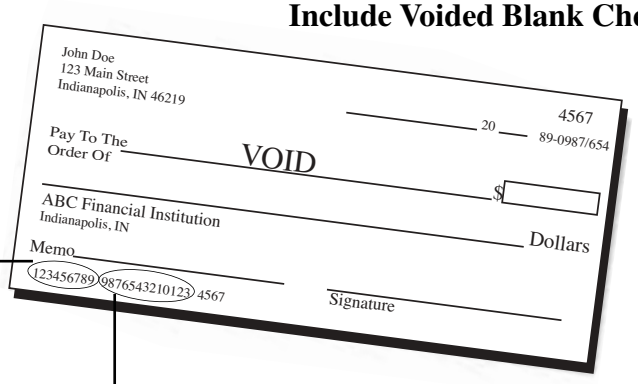
❑❑❑❑❑❑❑❑❑

2. Write your **checking account** number here:

❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑

(You can also find your checking account number by looking on your most recent financial institution statement.)

Include Voided Blank Check!



FINANCIAL INSTITUTION'S INFORMATION -- REQUIRED

Name: _____

Address: _____

City:_____ State:_____ ZIP: _____

SIGNATURE REQUIRED BELOW

I hereby authorize Golden Rule Insurance Company to initiate debit entries to the account indicated above. I also authorize the named depository to debit the same to such account.

I agree this authorization will remain in effect until you actually receive written notification of its termination from me.

Account Holder's Signature:_____ Date:_____
As shown on the account to which this authorization is applicable

Please mail the completed form to:

Golden Rule
Home Office
712 Eleventh Street
Lawrenceville, IL 62439-2395