

**AUTHORIZATION FOR AUTOMATIC WITHDRAWAL
AMERICAN RIVER BENEFIT ADMINISTRATORS**

Fax # 916-486-2615

Authorization for Automatic Withdrawal

I hereby authorize AMERICAN RIVER BENEFIT ADMINISTRATORS to automatically withdraw my monthly premium (s) from an account held in my name, at the referenced financial institution. I understand that any authorized transfer will be processed through the Automated ClearingHouse System. These transfers will be made on the specified date. If that date is on a day on which the Bank and the Automated ClearingHouse are not open for processing such transfers, transfers will be processed on the following business day on which both are open for such transfers.

Account Name _____			
Account Number _____	Checking / Savings		
Routing Number _____			
Withdrawal Date	5 th of the month	15 th of the month	20 th of the month
(Please circle your indication)			

This authorization will remain effective until I give thirty (30) days written notice to the contrary and there has been a reasonable amount of time to act on such notice.

Date _____

Effective Payment Date _____ Client # _____

Customer Signature _____

PLEASE PLACE YOUR VOIDED / CANCELLED CHECK HERE