



GO GREEN!
Prevent missing a payment!

Electronic Payment Form

Association Name

Client ID Number

AUTOMATIC ACCOUNT WITHDRAWAL

I authorize the financial institution of American Bank & Trust to initiate, on behalf of *Hagan Barron Intermediaries (HBI)*, an automatic account withdrawal from my checking or savings account on a **recurring basis**.

Member Name

Bank Name

Account Number

Routing Number

Amount of Withdrawal

Withdrawal From (circle one) **CHECKING** or **SAVINGS**

Billing & Payment Options: Monthly Quarterly Semi-Annually Annually

By signing this form you have agreed for your bank account to be automatically deducted on or around the 1st of the month based on the billing frequency you have chosen. If the 1st of the month falls on a weekend or holiday, the automatic account withdrawal will process the next business day. You have also agreed that the amount of your automatic account withdrawal can be changed based on premium changes after you have been notified.

This authorization will remain in effect until you submit a cancellation request in writing. The cancellation request needs to be received before the 15th of the month prior to the next automatic payment being processed. Your cancellation request can be sent through the U.S. Mail, faxed or emailed.

Signature

Date

Please attach voided check

A voided check is required in order to verify the account number and ABA routing number. Please do not substitute a deposit slip as many times the ABA routing information is different between deposit slips and check stock. Thank you!

Hagan Barron Intermediaries
PO Box 1889
Sioux Falls, SD 57101

Phone: 1.877.867.1892
Fax: 605.252.9988
www.haganbarron.com

Credit Card Payment Option On Reverse Side ▶



Electronic Payment Form

Association Name

Client ID Number

ONE TIME CREDIT CARD AUTHORIZATION PAYMENT

Insured's Last Name

Insured's First Name

Name as it Appears on Credit Card (if different from above)

Credit Card Billing Address

City/State

ZIP Code

Credit Card Type *American Express is not an accepted credit card*

Discover

Mastercard

Visa

Credit Card Number

Expiration Date (Mo/Yr)

Invoice #

E-mail Address for Receipt

Amount

By signing this form you have agreed for your credit card to be automatically charged.

Signature

Date

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