



PROFESSIONAL INSURANCE SERVICES, INC

1023 Mumma Rd. Lemoyne, PA 17043 1-800-382-1352



Pennsylvania Association of School Retirees

AUTHORIZATION FOR MONTHLY WITHDRAWAL

Dear PASR Member:

The Monthly Withdrawal option is only available for the Dental premium. Vision premiums are to be paid in full.

- To enroll in the PISI Monthly Withdrawal option, complete, sign and mail the bottom half of this form. You must include your Dental Application or Renewal Notice, an unused check marked "void" and your First Month's check made payable to "PISI" using the amount shown below.

Table with 4 columns: Category, First Month's Check, Eleven Monthly Withdrawals, ANNUAL TOTALS. Rows: INDIVIDUAL, TWO-PARTY, FAMILY.

- Your check will pay the first month's premium. For the remaining 11 months of your contract PISI will debit your account. You will not receive monthly bills.
PISI will request a transfer of payment from your bank account on the 10th day of each month. If the 10th of the month falls on a weekend or holiday, the transfer will take place the next business day.
A \$20 annual processing fee is included in the Annual Totals shown above.

Keep top portion for your records.

Detach and return this portion with your Dental Application or Renewal Notice, First Month's check made payable to "PISI" and a "VOID" check.

I (we) authorize and request PISI to initiate electronic debit entries to my (our) account indicated on the enclosed voided check in the financial institution named on that voided check ("BANK"). I (we) authorize and request BANK to honor the debit entries initiated by PISI and debit these charges to that account. This authorization will remain in effect until all amounts owed related to the contract are paid in full, or until I (we) cancel this authorization. To cancel this monthly withdrawal I (we) must notify PISI and BANK 60 days in advance to give PISI and BANK a reasonable opportunity to act. Cancellation of this electronic debit authorization does not cancel the terms of the Dental contract.
I understand that the funds will be withdrawn on the 10th day of each month and that it is my responsibility to ensure sufficient funds are in my account at that time. If the 10th of the month falls on a weekend or holiday, PISI will initiate a debit entry on the next business day.

Name on Checking Account _____ Date _____

Signature _____

Anyone else whose signature is required to withdraw funds from this account must

sign here: _____ Date _____

Policyholder's Name (if different from above) _____

PASR

First Month's Check

- checkbox \$ 35.11
checkbox \$ 65.99
checkbox \$101.23

For Office use only: PASR # _____ M _____ W _____