

Take Advantage of FCSU Financial's

AUTOMATIC PREMIUM PAYMENT SERVICE

- ❖ Save yourself the hassle of writing checks. No more stamps needed.
- ❖ Eliminate the possibility of lost checks in the mail.
- ❖ Automatically charges your account for the amount of your premium due.
- ❖ Avoid the possibility of a lapsed policy because of nonpayment of a premium.

These are just a few of the benefits of the Automatic Premium Payment Service!

It's Easy! With **Automatic Premium Payment Service**, your financial institution deducts your payment from the checking or savings account that you select and forwards it to the First Catholic Slovak Union. You simply record the amount in your checkbook or savings account. We will send you a statement reflecting the exact amount to be deducted from your account.

We are pleased to announce that this service will become available to you on your next billing cycle (please allow 30 days for service to begin). Please make your current payment at this time.

We encourage all of our members to take advantage of this service by completing and returning the application.

**FCSU Financial
6611 Rockside Road
Independence, Ohio 44131-2398
1-800-533-6682**

Preauthorized Charge (P.A.C.) Authorization

I (We) hereby authorize The First Catholic Slovak Union (hereinafter called "Society") to initiate debit entries to my (our) account indicated below and the Depository named below, (hereinafter called "Depository"), to debit the same to such account. Further, I authorize Society to begin said Debit entries on or about the 15th day of _____(month)_____ (year), and to transfer funds from my (our) account on the following basis until this authorization is revoked:

Monthly Quarterly Semiannually Annually

In the event that Society debits funds erroneously to my account, I authorize Society to make an adjustment to my account (either debit or credit) for an amount not to exceed the original amount of the erroneous debit. I understand that any advance premiums will be refunded to me if coverage is not issued and that the effective date of my insurance will be the date stated in my plan of insurance.

This authority is to remain in full force and effect until Society has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Society and Depository a reasonable opportunity to act on it.

Certificate No: _____

Name: _____ Social Security No: _____
Please Print

Signature _____ Date _____

Signature _____ Date _____

Account Information:

1. Bank Name/City/State: _____

2. Routing/Transit # _____ Account # _____
(Required to set up P.A.C. Debits)

Checking _____ * Savings _____

*Please include a **Voided Check**