



Texas Life & Health Insurance Guaranty Association

1717 West 6th Street, Suite 230, Austin, TX 78703

Phone: 512-476-5101 • Fax: 512-472-1470 • Website: www.txlifega.org

### Recurring Electronic Check Payment Authorization

Sign and complete this form to authorize the Texas Life and Health Insurance Guaranty Association ("TLHIGA") to make recurring debits to your checking or savings account listed below. By signing this form, you give us permission to debit your account for the amount indicated below. The TLHIGA will debit the account below on or after the due date of your policy each quarter. You may revoke this authorization at any time by informing the TLHIGA in writing.

**New Authorization**

**Change Information on File**

I \_\_\_\_\_ (Name) authorize the TLHIGA to debit my account indicated below for \$ \_\_\_\_\_ (Amount) to pay the premium when due beginning on \_\_\_\_\_ (Date) until the premium is paid in full or I revoke the authorization in writing.

This payment is for the premium due on Calanthe Mutual Life Insurance Company, in Liquidation, policy \_\_\_\_\_ (Policy Number)

#### Contact Information

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

#### Bank Details

Checking  Savings

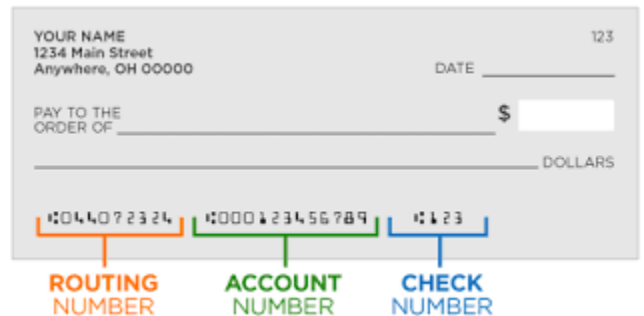
Account Holder Name \_\_\_\_\_

Financial Institution \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

**PLEASE INCLUDE A VOIDED COPY OF YOUR CHECK WITH THIS FORM**



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the TLHIGA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next payment date. If any of payment dates noted above fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I agree that no prior notification will be provided unless the date or amount changes, in which case the TLHIGA will provide notice at least 10 days prior to the payment being collected. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the periodic transaction dates noted above. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that the TLHIGA may, at its discretion, attempt to process the charge again within 30 days, I agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate

transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**PLEASE RETURN THE COMPLETED AND SIGNED FORM TO THE TLHIGA BY MAIL, FAX, OR EMAIL:  
TLHIGA 1717 WEST 6<sup>TH</sup> STREET, SUITE 230, AUSTIN, TX 78703 – FAX: 512-472-1470 – EMAIL: TO:  
PREMIUMS@TXLIFEQA.ORG**