



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

### Electronic Check Single Transaction Payment Authorization

Sign and complete this form to authorize the Texas Life and Health Insurance Guaranty Association ("TLHIGA") to make a debit to your checking or savings account listed below. By signing this form, you give us permission to debit your account for the amount on the date specified or the next business day. This is permission for a single transaction only.

I \_\_\_\_\_ (Name) authorize the TLHIGA to charge my account indicated below for \$ \_\_\_\_\_ (Amount) on \_\_\_\_\_ (Date).

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 \_\_\_\_\_

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

#### Bank Details

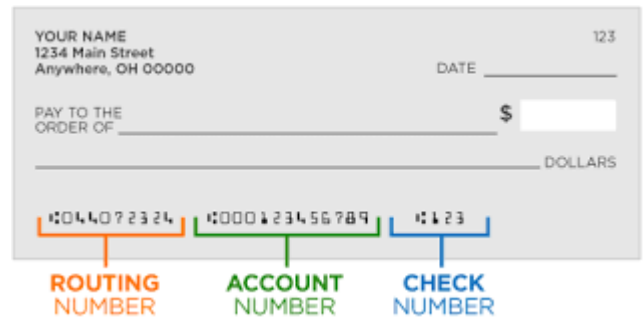
Checking  Savings

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

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

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

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



I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the transaction date noted above. In the case of a payment 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, and I agree to an additional \$25 charge for each attempt returned NSF. The additional charge will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute the TLHIGA transaction with my bank so long as the transaction corresponds to the terms indicated in this agreement.

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@TXLIFE.GA.ORG**