

M I S S O U R I  
**Life & Health**  
I N S U R A N C E  
G U A R A N T Y A S S O C I A T I O N

2210 MISSOURI BOULEVARD  
JEFFERSON CITY, MISSOURI 65109

PHONE: 573-634-8455  
FAX: 573-634-8488

NAME \_\_\_\_\_

POLICY NO. \_\_\_\_\_

Re: Banking Information

Please complete this form and attach a voided check so we can setup electronic funds transfer for payment of your invoices and/or collection of premium payments.

I authorize the Missouri Insurance Guaranty Association to initiate electronic credit entries for payment of policy benefits and/or debit entries for collection of premium payments. Further, in the event of an error where the Missouri Life and Health Insurance Guaranty Association would overpay any amount due me under my policy, they may issue a debit entry limited to the amount necessary to correct the error.

checking account

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

DATE \_\_\_\_\_

FINANCIAL INSTITUTION NAME \_\_\_\_\_

FINANCIAL INSTITUTION ACCOUNT NO. \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NO. \_\_\_\_\_

FINANCIAL INSTITUTION CITY/STATE \_\_\_\_\_

NAME(S) ON ABOVE ACCOUNT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

*(please print legibly)*

PHONE NUMBER \_\_\_\_\_

SIGNATURE: \_\_\_\_\_