

Request for Pre-Authorized Checking Plan

*Asterisk denotes mandatory fields

Purpose of this form	Use this form to request a Pre-Authorized debit transaction			
Terms used in this form	<i>Foresters Financial™ or Insurer or We</i> means The Independent Order of Foresters. Certificate means a certificate or policy issued by the Insurer.			
Certificate Information	Certificate number(s)*	Insured name(s)*		
	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
Payer Information (Account Holder)– as written on account	Payer's name*	Joint Payer's name		
	<input type="text"/>	<input type="text"/>		
	Address (apartment number, street number and name)*		Payer's Email	
	<input type="text"/>		<input type="text"/>	
	City/Town*	State*	Zip Code*	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Primary telephone (include area code)*		Work or alternate telephone (include area code)		
<input type="text"/>		<input type="text"/>		
Bank Information	Payment Frequency*		Type of Account*	
	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Annually		<input type="radio"/> Checking <input type="radio"/> Savings	
#Please attach a VOID check	Select applicable option:*			
	<input type="radio"/> Void check attached [†] <input type="radio"/> Void check is not available. Please use the following banking information:			
Name of financial institution:*				
<input type="text"/>				
Routing number starting with 5 will not be accepted	Routing Number (9 digits)*		Account Number*	
	<input type="text"/>		<input type="text"/>	

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Request for Pre-Authorized Checking Plan (continued)

*Asterisk denotes mandatory fields

Certificate Number(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Third Party Determination Complete this section if the payer named above is not an Owner or an Insured under a Certificate listed on the form.	Full legal name of third party (first, middle, last), or corporation/entity	Date of birth (mm/dd/yyyy)	
	Type of third party	Relationship to Owner(s)	
	Detailed occupation or nature of business		
	Address (apartment number, street number and name)		
	City/Town	State	Zip Code
	Registration number if a corporation	Jurisdiction of Incorporation	
	If unable to provide the information above about a third party, provide details as to why:		

Pre-Authorized Checking Plan Agreement	The payer, by signing below, verifies that the payer is an account holder of the account identified in the Bank Information section of this form and is permitted to provide this authorization, and agrees that:	
	<ol style="list-style-type: none">1. Foresters is authorized to electronically draft premiums and/or other payments related to the certificate(s) listed in this form, from that account or another account later identified or substituted by, or on behalf of, the payer, such as for additional coverage, loan repayment(s) or for premium deposit funds.2. The financial institution from which the deductions are to be drafted is authorized to treat each such draft by Foresters as though it was made personally by the payer.3. Foresters reserves the right to determine when the first deduction and each subsequent deduction, if any, will be made and the amount of each deduction; subsequent deduction amounts may vary.4. If a deduction request is not honored when submitted to the financial institution, Foresters may, at its sole discretion, do further resubmits for the deduction.5. This authorization is effective immediately and will continue until terminated, which either the payer or Foresters may do at any time upon request to the other. I understand that Foresters requires at least 30 days prior notice in order to cancel this authorization. <p>This authorization must be signed by the account holder as his/her name appears on the records for the account provided.</p>	

Note: If joint account, both payers must sign authorization form	Payment deductions under this Agreement are:*	<input type="radio"/> Personal	<input type="radio"/> Business related
	Signature of Payer (account holder)	Date (mm/dd/yyyy)	
	Signature of Joint Payer (account holder), if applicable	Date (mm/dd/yyyy)	

For further information or to cancel this PAC Agreement contact Foresters Financial at: P.O. Box 179, Buffalo, NY, 14201-0179, Tel: 1-800-828-1540, Email: service@foresters.com

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