



Kanawha Insurance Company

P.O. Box 7200, Lancaster, SC 29721-7200

Bank Draft and Credit Card Authorization

Policy Number(s): _____

Name of Depositor (Print First Name, MI, Last Name): _____

Name of Owner (if different from Payor) (Print First Name, MI, Last Name): _____

Debit/credit on the date of policy (1-28 only; 29, 30, 31 not available). **If no election is made, debits/credits will be made on the of policy. Debits for the initial premium will be made when the policy is issued. Recurring payments will be debited on the day selected.**

Authorization for Automatic Payment by Bank Draft

Bank Draft Information (Attach Voided Check)

Route and Transit Number: Account Number:

Bank Name and Address: _____

Kanawha shall not incur any liability if a draft is returned unpaid by the bank. Drafts which do not clear within the time stipulated in the policy for payment of premium shall constitute nonpayment of premiums and coverage shall lapse subject to nonforfeiture provisions.

As a convenience to me, I request and authorize **KANAWHA INSURANCE COMPANY** to make deductions automatically every payment period for payments of premiums from my: savings account checking account

1. Your payment mode will remain the same as it is today. Your premium amount will reflect the new method of payment.
2. Each debit/charge shall constitute proper notice of premium due and will be made on the day selected above or, if no day isselected, the day of policy.
3. This Authorization shall not become effective unless and until the policy is issued.
4. This Authorization shall not be construed as modifying any provisions of the policy.
5. This Authorization may be discontinued by Kanawha or by the undersigned at any time within FIVE (5) business days prior to the payment date. Upon termination of this Authorization, premiums for the policy will be payable on the same billing date.

Signature of Depositor/Card Holder: _____ Date: (MM/DD/YYYY) / /

Signature of Owner if different from Payor: _____ Date: (MM/DD/YYYY) / /

If bank draft, please attach a voided check.

Insured by Humana Insurance Company, Humana Insurance Company of New York, Humana Insurance Company of Kentucky, or Kanawha Insurance Company