

Electronic Payments Authorization Agreement

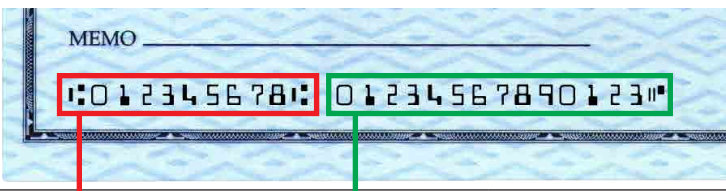


INTERNATIONAL

A division of Morgan White Group

75 Valencia Avenue, Suite 801
Coral Gables, FL 33134

Electronic Payment Information

Insured name		Customer number	
Address			
City		State	Zip code
Phone number	Amount (must match the attached check) \$	Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on account		Bank name	
Bank address			
City		State	Zip code
		Routing number	
		Account number	

Routing Number

Account Number

I hereby authorize MWG International to debit my account for a single, one-time transaction of the amount specified on the date indicated.

For policies with a monthly mode of payment, the bank account will be debited on either the first of the month or the 15th of the month for the amount authorized on this form.

Please submit a check made payable to MWAll Premium Trust along with this form.

By signing this form, I acknowledge and understand this is an electronic transaction in which funds may be withdrawn from my account. If the payment is rejected for Non-sufficient funds (NSF), a bank charge of \$50 dollars will be debited from the next transaction.

Signature _____ Date _____ / _____ / _____
Day Month Year

Mail completed, signed authorization agreement to:

MWG International

75 Valencia Avenue, Suite 801, Coral Gables, FL 33134

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