

# Pre-Authorized Check (PAC) Draft Authorization



Return this form and a voided check with your premium payment OR FAX to: 985-871-1855.

## Request for Monthly Payment of Life Insurance Premiums by Automatic Bank Deduction

As a convenience to me, I authorize **Gilsbar, Inc., Covington, LA, TIN #72-0519951** to debit premiums and, if necessary, make adjustments for any error to my account at the Bank (or other financial institution) I have indicated below. I also authorize said Bank to debit and, if applicable, credit the amount of those entries to my account made payable to the order of **Gilsbar, Inc., Covington, Louisiana.**

I understand and agree that:

- 1) My premium will be drafted on the **1<sup>st</sup> or 10<sup>th</sup>** day of each month;
- 2) The Bank's rights with respect to each charge will be the same as if personally executed by me;
- 3) This authorization will remain in effect until I provide written notification to Gilsbar, Inc. that I wish to revoke it. I will allow Gilsbar, Inc. thirty (30) days to act on this notice;
- 4) Gilsbar, Inc. and my Bank may discontinue this service; and
- 5) The presentation of any such debit or draft shall constitute due notice of premiums being due for a policy of insurance on my behalf and/or on behalf of my eligible dependents. I understand that should my Bank dishonor any such debit or draft for any reason, it will be my responsibility to make arrangements with Gilsbar, Inc. for premium payments within the grace period to prevent lapse or possible termination due to nonpayment in accordance with the terms of the policy.

### INSURED INFORMATION (premium payor)

(Please print in ink or type)

Name of Insured

\_\_\_\_\_

Name of Dealership

\_\_\_\_\_

Certificate Holder ID (SSN)

Month to Begin My PAC Service

Daytime Telephone Number

Signature\* of Premium Payor (Must be identical to bank records)

\_\_\_\_\_

DATE

### BANK ACCOUNT INFORMATION

Name of Bank or Financial Institution

\_\_\_\_\_

Branch City State Zip

\_\_\_\_\_

Name(s) as Appears on Bank Account

Please circle one: *Checking* *Savings*

Account Number Bank Transit/Routing Encoding #

\*Signature (If joint account, both signatures required)

\_\_\_\_\_

DATE

**MAIL TO: NADA Insurance Administrators • P.O. Box 2946 • Covington, LA 70434**  
**FAX TO: 985-871-1855**

Gilsbar, Inc., A member of the Gilsbar Group of Companies  
Toll Free 888.461.6232

