



CORPORATE BENEFIT SERVICES OF AMERICA, INC.

www.cbsainc.com

**Authorization to honor checks drawn or automatic debit entries made by
Corporate Benefit Services of America, Inc.
400 Highway 169 South, Suite 800
Minneapolis, MN 55426-1141**

Name of bank: _____
(Include branch name if applicable)

Address of bank/branch: _____

Bank routing number: _____ **Account number:** _____

Account type: **Checking** (please attach a voided check) **Savings**

Print name of bank depositor/account holder: _____

For the purpose of paying premiums on the policies or contracts listed below:

Policy or contract no.: _____

Name of insured: _____

Address: _____

City/State/Zip: _____

Indemnification agreement

To the bank named above:

In consideration of your participation in the arrangement authorized by your depositor in this document hereof, whereby amounts payable to this company are collected by checks drawn or automatic debit entries made by the company on the account of the depositor, Corporate Benefit Services of America, Inc. hereby agrees:

- 1) Corporate Benefit Services of America, Inc. will indemnify and hold you harmless from any liability to any person having an account with you arising out of the payment by you of any check drawn or automatic debit entry made by Corporate Benefit Services of America, Inc. on the account of such person, or arising out of the dishonor by you, whether with or without cause or intentionally or inadvertently, of any such check drawn or automatic debit entry made by Corporate Benefit Services of America, Inc., whether or not such claim or liability asserted against you be based upon the forfeiture or alleged forfeiture of a policy or contract of insurance, the premium on which is sought to be collected by Corporate Benefit Services of America, Inc., by any such check or automatic debit entry, and
- 2) Corporate Benefit Services of America, Inc. will refund to you any amount erroneously paid by you on any such check or automatic debit entry if claim for the amount of such erroneous payment is made by you within twelve months from the date of the check or automatic debit entry on which such erroneous payment was made.

If your participation in this arrangement is to be terminated, the company requests 30 days written notice to be sent to its Executive Office, 400 Highway 169 South, Suite 800, Minneapolis, MN 55426-1141.

Vice President Claims

Bank depositor/Account holder authorization

I hereby authorize Corporate Benefit Services of America, Inc. to draw checks or make withdrawals by automatic debit each month on this account. Funds will be withdrawn on the policy or contract due date.

I agree that the presentation of such check or automatic debit to such bank shall constitute due notice of premium being due upon the said policies or contracts.

I agree that if any withdrawal for the payment of premiums is dishonored, or if the amount has been refunded to the bank upon its request, the payment shall be considered to be in default and if payment of the premium in default is not made within 31 days of the date on which such premium was due, the policy or contract shall terminate except as may otherwise be provided therein.

I agree that this arrangement may be discontinued by either of us for any reason at any time upon written notice to the other. On or after such discontinuance, premiums shall be payable as provided in the policy or contract and at the company's rate for the method of payment selected.

I hereby authorize the bank listed above to honor and charge to my account checks drawn or automatic debit entries made on my account by and payable to Corporate Benefit Services of America, Inc. The signatures on such checks may either be typed or printed. The bank shall have no liability for the return unpaid of any such check or automatic debit entry if the balance in my account is insufficient to pay the same upon presentation. I further agree that if any such check or automatic debit entry be dishonored, the bank shall be under no liability whatsoever, even though such dishonor results in the forfeiture of insurance.

This authorization shall continue in force until revoked by me in writing.

(Signature of Bank Depositor/Account Holder)

(Date)