

150 Social Hall Avenue, Suite 170 P.O. Box 45530 • Salt Lake City, Utah 84145 Telephone: 801-578-5600 • Toll free: 800-777-3622 Fax: 801-578-5904 • Website: www.dmba.com

Participant's Name: Charles

AUTOMATIC PAYMENT AUTHORIZATION AGREEMENT

I hereby authorize DMBA to initiate debits for the monthly premium amount to the financial institution and account indicated below. This authorization will remain in effect until canceled by me or the financial institution identified with the account. Lunderstand that:

- If DMBA receives this completed form by the 10th of a month, automatic payments will begin the following month.
- If DMBA does not receive this form by the 10th of the month and I have not paid by personal check, I will have a double deduction taken from my account the following month.
- Payments will be deducted from my account on the 15th business day of each month.
- If funds are not in my account for the monthly premium, my coverage will be in jeopardy of termination.
- This authorization will be automatically revoked upon termination of my coverage. L. Mason

Social Security Number: <u>647 - 56 - 8053</u> DMBA ID Number: <u>000</u>

Financial institution: / F C C	Bank Routing Number: 377376
Account Number: 1234567	_ Account Type: AChecking 🖵 Savings
Institution Street Address: PO BOX 9.199	
City: Ogden	State: UT Zip Code: 84409 Date: 3/2/2020
Account Holder Signature: Marler S. Mase	Date: 3/2/2020
Joint Account Holder Signature:	Date:
Pay to the Order of	Date S
Order of	Dollars a security petalis on Back.
AMERICA FIRST PO Box 9199 • Ogden, UT 8440 800-999-3961 • america first cor	
For	MP
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