



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. I understand that:

- Participant's Name: Charles L. Mason
Social Security Number: 647-56-8053 DMBA ID Number: 000123483
Financial Institution: AFCU Bank Routing Number: 324377516
Account Number: 1234567 Account Type: ☒ Checking ☐ Savings
Institution Street Address: PO BOX 9199
City: Ogden State: UT Zip Code: 84409
Account Holder Signature: Charles L. Mason Date: 3/2/2020
Joint Account Holder Signature: _____ Date: _____

