

Automatic Payment Authorization

Return this authorization to: Advance Insurance Company of Kansas
1133 SW Topeka Blvd
Topeka, KS 66629-0001

Please draft my checking or savings on a monthly or quarterly basis.

Insured/Company name _____ Identification no. _____

Address _____
Street City State Zip

Financial institution name _____

Address _____
Street City State Zip

Routing/transit no. _____ Account no. _____

Financial institution phone no. () _____

Important: Please return a voided check with this form to ensure accurate processing. I hereby authorize Advance Insurance Company of Kansas to charge my account for the requested mode for payment of premium(s). Should any draft entry be dishonored for any reason, or drawn after the depositor's authorization has been withdrawn, Advance Insurance Company of Kansas agrees that your financial institution shall be relieved of any liability.

Date: _____ Signature: _____



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An Independent Licensee of the Blue Cross and Blue Shield Association

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