

# NRLCA Benefit Center/Greater Insurance Service Corp. Payment Option Form

## PLEASE COMPLETE THE FOLLOWING INFORMATION - Please Print

Insured Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*ST*

*ZIP*

Phone: \_\_\_\_\_

**Bi-Weekly Premium:** \$ \_\_\_\_\_

*From Enrollment Form*

**Admin. Fee:** \$ \_\_\_\_\_.75 \_\_\_\_

**Total Bi-Weekly Premium**  
\$ \_\_\_\_\_

## ELECTRONIC FUNDS TRANSFER (EFT) Arranged by Greater Insurance Service Corp

### Instructions for EFT

- Please submit voided check (no deposit slips) and a check for first bi-weekly premium made payable to GIS
- Premium will be deducted on the Federal Pay day.

**Please Select the Account Type for Withdrawal:** ☐ Checking Account ☐ Savings Account

## WITHDRAWAL AUTHORIZATION

Name of Depositor \_\_\_\_\_

*(Print name as shown on Financial Institution Records)*

To Financial Institution \_\_\_\_\_

*(Address of Institution or Branch where account is maintained)*

TRANSMIT/ROUTING ABA# \_\_\_\_\_ ACCT. NO. \_\_\_\_\_

### PRE-AUTHORIZED WITHDRAWAL PAYMENT METHOD

As a convenience to me, I hereby request and authorize Greater Insurance Service Corp. to pay and charge to my account, maintained at the above named financial institution, for the payment of premiums due on policies I currently have or may purchase and desire to include under the EFT Agreement. The amounts will be drawn on my account by and payable to the order of Greater Insurance Service Corp. provided there are sufficient funds in said account to pay the same upon presentation. This authorization will remain in effect until revoked by me in writing and until Greater Insurance Service Corp. actually receives such notice. I agree that Greater Insurance Service Corp. shall be fully protected in honoring any withdrawals. I understand that if the withdrawal is presented and not honored for any reason and the amount due is not paid, Greater Insurance Service Corp. assumes no responsibility for a policy lapse or cancellation due to non-payment. This arrangement shall terminate immediately upon the closing of my account with you or upon receipt by you of notice of my bankruptcy. I agree that your treatment of my rights in respect to each such charge shall be the same as if they were signed personally by me. A customer has the right to stop payment of a debit entry by notification to Financial Institution prior to charging account. After account has been charged the customer has the right to have the amount of an erroneous entry immediately credited to their account by Financial Institution up to 15 days following the issuance of statement or 45 days after posting, whichever occurs first.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Depositor*

## ENROLLMENT STEPS

Please complete the following easy steps to enroll in this great new benefit.

### STEP 1

Complete, Sign and Date Enrollment form. Be sure to include information on all individuals to be covered.

### STEP 2

Complete, Sign and Date the Payment Options Form.

### STEP 3

Write a Check made payable to Greater Insurance Service for the first month's premium.

### STEP 4

Return the following items to:

NRLCA Benefit Center  
PO Box 8633  
Madison, WI 53708-8633

1. Completed Enrollment Form
2. Completed Payment Option Form
3. Check made payable to Greater Insurance Service for the bi-weekly premium

If you have any questions on the enrollment process or payment options,  
please contact NRLCA Benefit Center at **(877) 817-4801**