MONTHLY AUTOMATIC PAY PLAN FORM

To Be Completed by Members Who Wish to Pay Insurance Premium Monthly

SELECT METHOD OF PAYMENT

❑ **Monthly Credit Card** ❑ **Monthly Check-O-Matic**

Credit Card Authorization

❑ VISA ❑ MasterCard

I authorize Mass Marketing Insurance Consultants, Inc. (MMIC) to bill my credit card account for the total amount due. This authority is to remain effective until I provide MMIC with written notification of cancellation. I understand that two weeks notice will be needed to implement any action.

Applicant Name:_____

Acct. #					-					-					-					Exp. Date						

Month Date Year

Signature:_____ **Date:**_____

Check-O-Matic Authorization

Applicant Name:_____

Name of Depositor:_____
Print exact name as it appears on financial institution records

Address:_____
(Street) (City) (State) (Zip Code)

Routing No.										**Account No.**												

I (we) hereby authorize Mass Marketing Insurance Consultants, Inc. to initiate debit entries to my (our) checking account (or savings account) and the Financial Institution named below to debit the same to such account. Mass Marketing Insurance Consultants, Inc. will not be held responsible for a policy lapse or cancellation due to non-payment if the withdrawal is presented and not honored for any reason and the amount is not paid.

Financial Institution Name:_____

Street Address:_____

City:_____ State:_____ Zip:_____

This authority is to remain effective until I (we) provide Mass Marketing Insurance Consultants, Inc. with written notification of cancellation two weeks before the date of termination.
Note: If the direct payment by check transactions is returned for non-sufficient funds, a $25 non-refundable service fee will be applied when allowed by state.

Signature:_____ **Date:**_____