

Electronic Funds Transfer (EFT)

Degree of Honor Protective Association
 400 Robert St. N., Suite 1600
 St. Paul, MN 55101-2029
 (651)228-7600 or (800)947-5812

Degree of Honor Protective Association has Electronic Fund Transfer (EFT) available with optional draw dates of the 1st, 8th, 16th or 23rd. If you are interested in this payment option, please complete the form below with your bank information and return it along with a voided check, deposit or withdrawal slip to our office.

Please be sure the form and voided check are returned no later than 2 weeks prior to your selected draft date. This will allow us enough time to enter the data on our system, send to the bank for verification our entries are valid and begin the actual withdrawal of funds from your account.



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BANK INFORMATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

I(we) hereby authorize the above named company to initiate automatic premium payments to be charged to my (our) account indicated below and the financial institution named below to charge these premiums to such account.

Financial Institution _____

EFT WITHDRAWAL METHOD (Check one): Checking Account* Savings Account**

EFT WITHDRAWAL DATE (Check one): 1st Day of the month 8th Day of the month 16th Day of the month 23rd Day of the month

* If choosing EFT from **checking account**, attach a **voided check** for account and transit numbers.

If choosing EFT from **savings account, attach a **voided withdrawal or deposit slip** with the preprinted account and transit numbers. (If not available, please provide: **account #** _____ and **9-digit transit #** _____.)

NOTE TO POLICYHOLDER: This authority is to remain in full force and effect until Financial Institution has received written notification from you of its termination in such time and in such manner as to afford Financial Institution a reasonable opportunity to act on it. The Policyholder has the right to stop payment of a premium by notification to the Financial Institution prior to charging the account. After the account has been charged, a customer has the right to have the amount of an erroneous payment immediately credited to his (her) account by the Financial Institution up to 15 days following notification.

List Name and Policy Number for those policies to be paid under this Agreement.

NAME	POLICY NO.	NAME	POLICY NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature

(Both signatures required if joint account)

Signature