Vision Insurance
1800 Lee Trevino, Suite 201 P.O. Box 370368
El Paso, Texas 79937
(877) 987-7466
Fax: (800) 705 5542
www.visionmga.net

Authorization Agreement for Direct Payments

I (we) hereby authorize Vision Insurance, and its subsidiaries, hereinafter called COMPANY to initiate monthly deductions from my (our) checking account, identified below, for payment of premium on the insurance policy issued to me (us) by COMPANY, and any renewals thereof, and to initiate credit entries to my (our) account in order to correct any erroneous deductions or provide a refund of premium. I (we) authorize the financial institution named below as the DEPOSITORY to accept and post entries to my account.

I (we) understand that this authorization allows COMPANY to adjust the monthly deductions to reflect any premium changes and policy renewals. Company agrees to notify me (us) at least ten (10) days prior to making any deduction that will be greater than previous deduction.

Customer Information

Insured Name: _____Policy #:_____

Bank Information

Name (s) on Account: _____

Name of Financial Institution:_____
Branch Address of Financial
Institution: _____

Account Type : Checking □ Savings □

Routing / Transit /ABA #:_____ Account #:_____

Subsequent monthly payments will be drafted 5 days prior to your policy's payment due date.

This authorization will remain in effect until I (we) provide written notice
To COMPANY and DEPOSITORY of its termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.
I understand I must give Vision at least ten (10) working days prior notice to cancel my bank draft (EFT).

Signed x _____ Date_____

Signed x_____ Date_____

TO ENSURE ACCURACY, PLEASE ATTACH A SAMPLE CHECK MARKED "VOID" IMPORTANT NOTE FOR CREDIT UNION MEMBERS: MANY SMALLER CREDIT UNIONS USE, A DIFFERENT ACCOUNT NUMBER THAN THE ONE SHOWN ON YOUR CHECK. YOU MAY WISH TO VERIFY YOUR ACCOUNT NUMBER THROUGH YOUR LOCAL OFFICE TO ASSURE PROPER SET UP FOR WITHDRAWLS.

Please Note: The consumer must receive a copy of this authorization.