Bank Draft Authorization

Kanawha Insurance Company

HUMANA®
Guidance when you need it most

Payor Information (First, MI, Last Name) (If different than the Proposed Insured) Suffix

Address (Street or R.R.)

City State ZIP Code

Name of Depositor (First, MI, Last Name) (Attach Voided Check) Suffix

Route & Transit Number Account Number

Bank Name and Address _____

Kanawha shall not incur any liability if a draft is returned unpaid by the bank. Drafts which do not clear within the time stipulated in the Policy for payment of premium shall constitute nonpayment of premiums and coverage shall lapse subject to nonforfeiture provisions.

As a convenience to me, I request and authorize **KANAWHA INSURANCE COMPANY** to make deductions automatically every payment period for payments of premiums from my: ☐ savings account ☐ checking account

Total Modal Premium $.

Bank draft on the day of the month (1-28 only; 29, 30, 31 not available). **If no election is made, bank drafts will be made on the day of Policy. Bank drafts for the initial premium will be made when the policy is issued. Recurring payments will be drafted on the day selected.**

1. Your payment mode will remain the same as it is today. Your premium amount will reflect the new method of payment.
2. Each bank draft shall constitute proper notice of premium due and will be made on the day selected above or, if no day is selected, the day of Policy.
3. This Authorization shall not become effective unless and until the policy is issued.
4. This Authorization shall not be construed as modifying any provisions of the policy.
5. This Authorization may be discontinued by Kanawha or by the undersigned at any time within FIVE (5) business days prior to the payment date. Upon termination of this Authorization, premiums for the Policy will be payable annually.

Signature of Depositor _____ Date (MM/DD/YYYY) / /

Kanawha Insurance Company is a Humana company.