

**NOTICE OF CHANGE OF PREMIUM/DEDUCTION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

SS #: \_\_\_\_\_

New Premium (deduction amount): \_\_\_\_\_

Please note that my policy premium(s) has changed. Please modify my direct deposit deduction to the correct amount as stated above and forward to the following bank:

First Citizens Bank/FirstNet  
P.O. Box 988  
1003B N. Wilson Rd  
Radcliff, KY 40159

Routing Number: 0839-01650

Thank you,

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_