



Piopac Fidelity, Inc.
Payment Authorization Agreement

Please fax form to (808) 792-5252. Attn: Gabe Bright
Note: For security purposes, please do not email this form.

◆ Reason for Change (if applicable): _____

Name of Employer/Organization _____ **Law Enforcement Mgmt Unit** _____ **Group#:** _____

POLICYHOLDER/APPLICANT INFORMATION Verified by _____

X New Change Request

Frequency of draft: (26 pay cycles)

Date of 1st Draft: _____
 Date of 2nd Draft: _____

Type of Insurance

Bi-Weekly Premium Amount

Employee Name: _____
Last, First, M.I.

Social Security No. XXX-XX-_____
****LAST 4 DIGITS ONLY****

Address: _____
Mailing/Billing Address (address must match credit card billing address)

City, State, Zip Code

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Sub-total	\$	_____
Cell Phone: _____	+	\$ 2.31
		(Administrative Fee)
Email: _____	Total Draft	\$ _____

***Email address required for billing notification purposes only.**

I choose to pay via Electronic Bank Draft. *A \$25 service charge will be assessed on all returned bank drafts.

Financial Institution: _____ Checking¹ Savings²
 Financial Institution Routing No: _____ Account No: _____
 Name as it appears on check: _____

So long as I am employed by or a member of such Employer/Organization, I hereby request Pioneer Pacific Consultants dba PIOPAC Fidelity, Inc. to charge my credit card or my bank account in the amount shown above for the purpose of paying insurance premiums and to receive notices of premiums due on policies for which I have made application. This authorization shall remain in effect until written notice is provided by me to discontinue same or termination of my employment/membership. Should my employment/membership terminate, premium notices should be sent direct from the insurer to my address appearing on the insurer's records in accordance with the insurer's policies for direct billing. In consideration of the honoring of my request, I understand and agree to the following conditions:

- 1) Charges shall be made on or about the same date every month.
- 2) Charges will include the monthly administrative fee indicated above.
- 3) If any charge is not honored on presentation and if any premium is not paid, the policy may lapse in accordance with its terms and
- 4) there is a \$25 service charge assessed on all returned checks or \$15 for declined credit/debit card monthly withdraw on my draft account.
- 5) PIOPAC Fidelity, Inc. will automatically revoke this Authorization if any two charges within any twelve-month period are not paid on presentation.
- 6) This Authorization shall not be construed as a modification of any of the provisions of the policy.
- 7) The Insurer, the Premium Payor or the Bank may cease Authorization by giving 10 days' written notice.
- 8) If the Authorization is revoked, premiums falling due thereafter may be payable directly to the insurer.
- 9) In the event of a dishonored draft, I authorize Pioneer Pacific Consultants dba PIOPAC Fidelity, Inc. to contact me via email, text, telephone, or combination.

Authorized Signature

I hereby authorize PIOPAC Fidelity, Inc. (Third Party Administrator) to initiate debit entries electronically to my account indicated above and I authorize the depository institution named above to debit same to such account. These authorizations remains effective and in full force until PIOPAC Fidelity, Inc. and the depository/institution have received written notification from me of its termination in such time and in such manner to afford PIOPAC Fidelity, Inc. and the depository/institution a reasonable opportunity to act on it.

Policyholder/Applicant Signature: _____ Date: _____

Associate's/Agent's Signature: _____ Writing Number: _____ Date: _____