

# Here's How the EZ Pay Plan Works for you:



After we receive your Signed Authorization, on the first working day of each month we charge your account for your monthly premium payment. You receive a record of the payment on your regular bank statement. That's all there is to it. No paper work for you to write or mail.

## How to Enroll:

1. Complete and sign the Authorization form below. This allows us to charge your checking account for the monthly premium due.
2. Take a check from your checkbook and simply write "VOID" across it (this is so we have an accurate record of your account number).
3. In the envelope provided, please enclose both the signed Authorization Form and your check marked "VOID"

### Authorization to honor transfers processed by and payable to:

Pearl Carroll & Associates LLC, 12 Cornell Road, Latham, NY 12110

Insured's Name *PLEASE PRINT* Social Security Number Home Phone Number

Name as it Appears on Account

Name of Bank and Branch Bank Phone Number

Bank Street Address City State Zip Code

Name of your Union or Association

### Coverage(s) to be paid via EZ Pay Plan: (check all that apply)

- Critical Illness  Disability  Family Protection  Hospital Income  Term Life  Dental  Vision  Whole Life  
 Hospital Home Care and Recovery

### Request for Automatic Payment Plan to Pearl Carroll & Associates LLC

I (we) hereby request and authorize you to effect a transfer each month on the account (name and number shown above) for the payment of insurance premiums due during such month for the coverages that I have applied for. This authorization is to remain in effect until it is revoked by either of us in writing. Until you receive such written notice or revocation, I (we) agree that you shall be fully protected in processing such transfers. I (we) agree that if any such transfer is dishonored, the payment for insurance will be considered to be in default pursuant to the terms of the policy. This authorization shall be effective as of the date stated below.

Signature of Premium Payor Date

It is agreed that Pearl Carroll & Associates LLC will automatically withdraw from my account the amount necessary to pay the monthly premium for the coverage(s) that I have applied for.