

AUTHORIZATION AGREEMENT FOR MONTHLY ELECTRONIC FUNDS TRANSFER (EFT)

AVMA GROUP HEALTH AND LIFE INSURANCE TRUST (AVMA-GHLIT)

I (we) hereby authorize AVMA-GHLIT, hereafter called **THE TRUST** to initiate debit entries to my (our) account indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to debit the same to such account. I (we) acknowledge the origination of EFT transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name	_____	Branch	_____
City	_____	State	_____ Zip _____
*Routing Number	_____	Account Number	_____

This authorization is to remain in full force and effect until **THE TRUST** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **THE TRUST** and **DEPOSITORY**, a reasonable opportunity to act on it. **THE TRUST** may terminate the authorization by sending me (or either of us) notice ten (10) days before termination.

Name(s)	_____	Certificate No.	_____
	(Please Print)		
Signature	_____	Date	_____
Telephone No.	(____) _____		

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

MUST ATTACH A VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP FOR VERIFICATION

NO CHECKING DEPOSIT SLIPS ACCEPTED.

*The nine numbers usually precede your account number on your check.

NOTE: The savings account deposit tickets do not normally carry the bank routing number, please contact your bank for the number.