

## RECURRING DIRECT DEBIT REQUEST

If you would like to have your monthly payments automatically deducted from your checking account, please submit your information using the form below.

Policy Number: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Email: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

<b>JONATHAN DOE</b> P.O. BOX 9999 PH. 713-555-5500 HOUSTON, TX 55555	A BANK OF TEXAS, N.A. HOUSTON, TEXAS  33-3333/3333	3333
PAY TO THE ORDER OF	<b>ATTACH VOIDED CHECK HERE</b>	<b>AMOUNT OF CHECK</b>
PAY IN THE SUM OF		VOID AFTER 180 DAYS
000000000	999999999999	3333
ROUTING #	ACCOUNT #	

### DRAFT INSTRUCTIONS

Number of Loan Payments: \_\_\_\_\_

Amount of each monthly Loan Payment is \$ \_\_\_\_\_. Pronote will withdraw each payment on the due date.

If the payment happens to fall on a weekend or holiday, Pronote will withdraw that payment on the next business day.

### CANCELLATION OF DIRECT DEBIT:

Pronote must be notified in writing not later than 5 business days before the next due date. Any debit returned dishonored by the bank will be accessed a \$25.00 return debit fee and will result in the Direct Debit payment option being cancelled for this account.

Insured's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print, complete, and mail this form along with a voided check to 3131 Eastside, Suite 600, Houston, TX 77098 or fax this form along with a voided check to 866.434.2239 (toll free). Pronote must have document and check prior to the withdrawal date.