

Bank Authorization



Customer Information

Please PRINT clearly.
In order to verify the customer information, we also require the full name and Address, City, State and Zip Code on this request.

Name		
Address		
City	State	Zip Code

Bank Account Information FOR POLICY #'S

In order to verify the bank information, we also require a voided check from your account to process this request.

Checking Account	Savings Account
Routing/Transit Number	Account Number
Name of Bank	City, State, Zip Code

Automatic Monthly Payment Information

Draft Day
(1st thru 28th) Monthly Premium

	\$
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I/we hereby authorize 5Star to initiate debit entries, electronically, by paper means, or by other commercially accepted method to my/our checking account designated in this authorization. This authorization is to remain in full force and effect until 5Star has received notification from me/either of us of its termination at least two business days prior to the regularly scheduled draft day. I/we agree that 5Star shall be fully protected in making any such debit entry if 5Star does not receive sufficient notification to discontinue this agreement.

5Star may forward this authorization to your bank upon request.

Joint Accounts require

Two signatures

Account Signature X	Date (m/d/y)
Account Signature X	Date (m/d/y)

Return this form & your voided check to:

5Star
P O Box 83043
Lincoln NE 68501-3043

(866) 863-9753