PROFESSIONAL
INSURANCE SERVICES, INC

2 Kacey Court, Suite 102
Mechanicsburg, PA 17055
1-800-382-1352

AUTHORIZATION FOR MONTHLY WITHDRAWAL

The Monthly Withdrawal option from your checking account is available for the MSTA Dental and Vision premiums, the monthly payments option cannot be applied to a credit card.

- To enroll in the MSTA Monthly Withdrawal option, complete, sign and mail the bottom half of this form. **You must include your Application(s) or Renewal Notice and your First Month's check. Checks are made payable to "PISI", you can combine the Dental and Vision amounts on one check.**

DENTAL	Monthly Premium
INDIVIDUAL	$ 41.50
TWO-PARTY	$ 75.75
FAMILY	$116.50

VISION	Monthly Premium
INDIVIDUAL	$ 8.00
TWO-PARTY	$ 15.00
FAMILY	$ 23.00

- Your check will pay the first month's premium. For the remaining 11 months of your contract PISI will debit your account. You will **not** receive monthly bills.
- PISI will request a transfer of payment from your bank account on the **10th day of each month.** If the 10th of the month falls on a weekend or holiday, the transfer will take place the next business day.
- Next year, at time of renewal, you will be notified of any changes in the plan benefits or cost but the monthly withdrawal will automatically continue, unless you choose to pay in full or advise of cancellation.

Keep top portion for your records. *A copy of the agreement is on the back.*

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*Detach and return this portion with your **Application(s) or Renewal Invoice and First Month's check made payable to "PISI".***

I (we) authorize and request PISI to initiate electronic debit entries to my (our) account indicated on this form in the financial institution named on this form ("BANK"). I (we) authorize and request BANK to honor the debit entries initiated by PISI and debit these charges to that account. This authorization will remain in effect until all amounts owed related to the contract are paid in full, or until I (we) cancel this authorization. To cancel this monthly withdrawal I (we) must notify PISI and BANK in writing 60 days in advance to give PISI and BANK a reasonable opportunity to act. Cancellation of this electronic debit authorization does not cancel the terms of the contract, I am agreeing to pay the full annual premium.

I understand that the funds will be withdrawn on the 10th day of each month and that it is my responsibility to ensure sufficient funds are in my account at that time. If the 10th of the month falls on a weekend or holiday, PISI will initiate a debit entry on the next business day. If more than 2 withdrawals in a 12 month period are denied for any reason I understand I risk cancellation of my Benefits.

9 Digit Routing Number Checking Account Number

Bank Name:____________________

9-Digit Routing Number: ____________________

Checking Account Number: ____________________

Name on Checking Account ____________________ **Date** __________

Signature ____________________

Anyone else whose signature is required to withdraw funds from this account must

sign here: ____________________ **Date** __________

Policyholder's Name (if different from above) ____________________

For Office use only:

MSTA #__________ **M**__________ **W**__________

MSTA

Below is a copy of the Agreement you have entered into with Professional Insurance Services, Inc. for the purchase of United Concordia Dental and/or Davis Vision Insurance. Please keep this copy for future reference.

I (we) authorize and request PISI to initiate electronic debit entries to my (our) account indicated on this form in the financial institution named on this form ("BANK"). I (we) authorize and request BANK to honor the debit entries initiated by PISI and debit these charges to that account. This authorization will remain in effect until all amounts owed related to the contract are paid in full, or until I (we) cancel this authorization. To cancel this monthly withdrawal I (we) must notify PISI and BANK in writing 60 days in advance to give PISI and BANK a reasonable opportunity to act. Cancellation of this electronic debit authorization does not cancel the terms of the contract, I am agreeing to pay the full annual premium.

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