

ACH / Bank Draft Authorization Form



PHYSICAL ADDRESS
500 Steed Road
Ridgeland, MS 39157

MAILING ADDRESS
P.O. Box 14067
Jackson, MS 39236

PHONE 888-859-3795

FAX 601-956-3795

Payment Information

Primary Insured's Name:		Phone:	
Last four digits of social security or complete alternate ID number:			
Email Address:			
Address:	City	State	Zip
Financial Institution:		Account Holder Name:	
Address:	City	State	Zip
Routing Number:		Account number:	
Payment Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually			

I hereby request and authorize the Financial Institution named above to pay my obligation by charging each payment to my account and to make the deduction payable to the order of MWG Administrators. I agree each payment shall be the same as if it were an instrument personally signed by me. This authorization will remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, both the Financial Institution and MWG Administrators reserve the right to terminate this payment plan (or my participation therein). If the premium amount changes, I will be notified in writing prior to any changes in the amount deducted from my account. Payments will be debited from this account at the frequency and date agreed upon by the cardholder and MWG Administrators.

MWG Administrators will send a notice of payment not honored. Payments not honored will not be submitted a second time. If a payment is not honored, my insurance coverage will terminate on the last paid through date. If I wish to continue my insurance after a payment is not honored, MWG Administrators must receive full payment for any outstanding balance prior to the end of that month. MWG Administrators will charge a \$20.00 fee in addition to any bank charges. Reinstatement is only possible within 30 days of the not honored payment after which no reinstatement is possible. After two payments are not honored, reinstatement is not possible.

Signature (Please sign as you would sign a check)

Date

If you would like to update your payment information immediately, simply login to your client portal at my.mwadmin.com.