

MONTHLY CHECK SERVICE REQUEST FORM:

REQUEST FOR  
PREAUTHORIZED CHECK

Mass Benefits Consultants, Inc. is hereby requested and Authorized to present checks drawn on my checking account number \_\_\_\_\_ beginning on or about the 1<sup>st</sup> day of \_\_\_\_\_, 20\_\_\_\_, and on or about the same day of each month thereafter until this authorization is revoked. I understand that premiums are withdrawn one month in advance of the benefit period.

(Note: Your signature below the bank authorization portion will also apply to the above authorization.)

IMPORTANT: BE SURE TO INCLUDE A VOIDED  
BLANK CHECK FOR YOUR BANK CHECKING  
ACCOUNT WITH THIS AUTHORIZATION.

\_\_\_\_\_  
Print the name and address of your bank:

Bank: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorization to Honor Checks Drawn in the Name of  
Mass Benefits Consultants, Inc.

As a convenience to me, the undersigned, I hereby request and authorize you to pay and charge to my account checks drawn on my account in the name of Mass Benefits Consultants, Inc. This authorization will remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such check.

I agree that your treatment of each such check and your rights with respect to it shall be the same as if it were signed personally by me. I further agree that if any such check is dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Mass Benefits Consultants, Inc. is instructed to forward this authorization to you.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF BANK DEPOSITOR - AS SHOWN  
ON BANK RECORDS FOR THE ACCOUNT TO  
WHICH THIS AUTHORIZATION IS APPLICABLE.

\_\_\_\_\_  
CHECKING ACCOUNT NUMBER    PRINTED NAME OF DEPOSITOR

\_\_\_\_\_  
NAME OF BANK & BRANCH NAME

\_\_\_\_\_  
TRANSIT NUMBER