In an effort to provide the best customer service possible, we are offering recurring ACH payments for our clients as well as recurring credit card payments. The recurring ACH payment is debited via your checking account. If you are interested in signing up for either one of these services, please complete the appropriate option below and return via email to jmiller@career-guard.com or fax to 703-642-2240.

**ACH Checking Account Debit Authorization** – Premium payments will be debited from your checking account on the 1st day of the month when the payment is due (or next business day if weekend or holiday). Any ACH's payments that are declined/returned will incur a service charge fee of $25 (you will be notified via mail and email to make other payment arrangements). You will still receive a renewal notice in via US Postal Service, however, it will be marked "Do Not Pay – ACH Scheduled". Any changes to your banking information that you provide below must be submitted in writing 30 days prior to the next scheduled payment. The ACH Debit service will stay in force until revoked by the member in writing. By signing below, you agree to the terms and conditions set forth and authorize Mass Benefits Consultants/CareerGuard to debit your checking account as described below when premium payments are due. A confirmation will be sent to you with the schedule of your recurring payments.

_____ ☐Annual ☐Semi-Annual ☐Quarterly ☐Monthly
PLI Certificate # Billing Cycle

_____ _____ _____
Name of Bank 9-digit Bank Routing # Account #

_____ _____ ψψψψψψψψψψψψψψψψ
Signature of Account Holder (must match Member) trinted Name of Account Holder 5l·ΰŜ

**Recurring Credit Card Renewal Authorization -** Premium payments will be charged to your credit card account authorized below. A 4% convenience fee will be added to each of your scheduled premiums. Credit card payment transactions will be submitted on the 1st of the month when payment is due (or next business day if weekend or holiday). You will still receive renewal notice via US Postal Service, however, it will be marked "Do Not Pay – Authorized CC on File". Any changes to your credit card information must be submitted in writing 30 days prior to the next scheduled payment. The recurring credit card renewal payments will stay in force until revoked by the member in writing. You will be notified in advance to update your credit card information for an expired card. If your card is "Declined" for any reason, we will attempt the charge again 5 business days later. If your card is "Declined" a 2nd time, we will notify you via mail and email to make other payment arrangements. By signing below, you agree to the terms and conditions set forth and authorize Mass Benefits Consultants/CareerGuard to charge your credit card described below when premium payments are due. A confirmation will be sent to you with the schedule of your recurring payments.

_____ ☐Annual ☐Semi-Annual ☐Quarterly
PLI Certificate # Billing Cycle

_____ _____ _____
16-Digit Card Number Expiration Date CID Security Code

_____ _____ ψψψψψψψψψψψψψψψψ
Signature of Account Holder (must match Member) trinted Name of Account Holder **5l·ΰŜ**