



DATE:

TO: Certificate Holder Services
 Premium Department
 Email address: phsf@imglobal.com

eCheck Information		
Certificate Number(s):		
Name(s):		
Please include the following eCheck Information on my account:		
Routing Number:	Account Number:	
Name on Account:		
Please Circle One		
Consumer Checking	Consumer Savings	Commercial Checking
<p>All payments must be made in U.S. or Canadian dollars. I hereby request and authorize IMG to secure premium payments with the selected check information. This authorization will remain in effect until revoked by me in writing and until IMG actually receives notice. Please attach VOID check or DEPOSIT SLIP with this form.</p>		
<p>Authorized Signature: _____ Title (if applicable): _____</p> <p>Printed: _____</p> <p>Other Comments: _____</p> <p>_____</p>		

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