

# ELECTRONIC FUNDS TRANSFER FORM

Name: _____	SSN: _____	
Address: _____		
City: _____	State: _____	Zip: _____
Home Telephone: _____	Work Telephone: _____	Fax: _____
E-Mail address: _____		

**AUTHORIZATION TO HONOR CHECKS, DRAFTS AND OTHER INSTRUMENTS DRAWN BY  
STARR WRIGHT USA, 405 Silverside Road, Suite 102 B, Wilmington, DE 19809, (800) 424-9801**

As a convenience to me, I hereby request and authorize you to pay and charge to my account, check, drafts and other instruments drawn on my account by and payable to the order of Starr Wright USA. I agree that your rights in respect to each such check, draft or other instrument shall be the same as if it were drawn on you and signed personally by me. This authority is to 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, draft or other instrument.

I further agree that if such check, draft or other instrument be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Subject to the conditions on the reverse side, to which I hereby agree, Starr Wright USA is hereby authorized to draw a check, draft or other instrument as my selection indicates below in which premiums are due for the purpose of paying premiums and/or other payments indicated hereon against the account as listed below.

My selection is:

- Monthly EFT (on or about the 15th of each month)
- Quarterly EFT (on or about the 15th of each month - January, April, July & October)
- Annual EFT

The amount to be drawn is \$ \_\_\_\_\_.

I understand that certain policy rates may periodically change, or I may request additional coverages, and I authorize Starr-Wright USA to adjust the amount drawn from my account to reflect such changes without further written authorization from me. Starr Wright USA will provide written notice of changes in rates, and I have the right to terminate this agreement if the amount drawn on my account is not consistent with the new rates.

*\*There is an indemnification agreement on the reverse side.*

Financial Institution: _____		
City: _____	State: _____	Zip: _____
_____		
Print Your Name Exactly as it Appears on Account Records	Routing Number (9 digits)	Account Number
_____		
Signature EXACTLY as name appears on Account Records		

**A voided blank check or draft on the account to be drawn against MUST accompany this agreement.**

Check here to indicate that a voided check is included.



**Please return to:**  
Starr Wright USA 405  
Silverside Road Suite 102B  
Wilmington, DE 19809

WRCEFT 0816

**Policy(ies) subject to the following conditions:**

1. I understand that such checks, drafts or other instruments shall constitute notice of premium due and, upon being charged to my account, by the bank or notice of premium due and, upon being charged to my account, by the bank or other financial institution, shall be my receipt for payment of the premiums.
2. Should any check, draft or other instrument not be honored by said bank or other financial institution upon presentation, then it is understood that such premium(s) is/are to be paid to you within the time stipulated in the policy for payment, and in default thereof, the policy(ies) shall become null and void except as otherwise provided therein.
3. A fee of \$25.00 will be charged for each item returned by the bank or financial institution.
4. The payment of premiums under this Plan may be discontinued by the Company or the undersigned upon 30 days written notice.
5. This agreement may be extended by mutual consent to cover additional premium payments to the Company.

**To: The institution named on the reverse side**

In consideration of your participating in a plan which Starr-Wright USA (hereinafter known as the Company ) has put into effect by which amounts due on policies of insurance are collected by checks, drafts or other instruments drawn by the Company on the accounts of persons who are responsible for these payments, the Company does hereby agree that:

1. It will indemnify and hold you harmless from any liability to any person arising out of the payment by you of any check, draft or order, whether or not genuine, drawn by the Company in the regular course of business for the purpose of payment, or arising out of the dishonor by you, whether with or without cause, or intentionally or inadvertently, or any such check, draft or order, whether or not such claim or liability asserted against you be based upon the forfeiture or alleged forfeiture of a policy of insurance the premium on which is sought to be collected by the Company by any such check, draft or order; and
2. It will defend at its cost and expense any action which may be brought by any depositor or any other person because of any action taken pursuant to or in any manner arising out of your participation in the pre-authorized check plan of premium collection; and
3. Without limitation on the foregoing indemnities, it will refund to you any amount erroneously paid by you on any such check, draft or order, if claim for the amount of such erroneous payment is made by you within twelve months from the date of the check, draft or order on which such erroneous payment was made; and
4. Your participating in the plan or that of the depositor or member may be terminated by written notice from either party to the order. Likewise, your participation and that of Starr-Wright USA may be terminated by thirty days written notice from either party to the other.

Starr Wright USA



STARR  
WRIGHT  
USA

FEDERAL EMPLOYEE PROGRAM ADMINISTRATOR