

I am returning this authorization to Pathian Administrators, authorizing Pathian Administrators and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify Pathian in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution (7) days before my account is charged.

Please return this completed form and a copy of a voided check to:

Pathian Administrators 32110 Agoura Road, Westlake Village, CA 91361 or inshore@pathianadministrators.com

1. CLIENT INFORMATION			
Client Name:			
Existing Division #:	Contact Phone #:		
Client Address:			
City:		State:	Zip:
2. FINANCIAL INSTITUTION INFORMATION (Please enter the name/address of the bank and account you wish payments to be withdrawn from)			
Name of Bank:	Branch:		
Bank Address:			
City:	State	:	Zip:
□ Voided Check Attached	Signature (x): (This is your authorization for Pathian Administrators to withdraw funds from your account)		
Please check one:	Checking 🛛 Savings		from your bank account will occur on the <u>each month</u> for which the premium is due.
	ting code is the 9-digit number on 'he routing code appears between	second I: symbol o	account number can be found between the and the [®] symbol. Do not include the check to the right of the [®] symbol.
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On (date) _______, I authorized Pathian Administrators to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to Pathian Administrators at the address above. *If the payment amount changes, we will notify you at least 10 days before the regularly scheduled payment date.*

Phone: (800) 786-6525 | Fax: (818) 960-0141 | Email: inshore@pathianadministrators.com | Website: inshorebenefits.com

Cut here and retain for your records

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