



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:

Billing Reference #:

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(Please enter the name/address of the bank and account you wish payments to be withdrawn from)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

Note: Withdrawals from your bank account will occur on the 1st working day of each month for which the premium is due.

Bank Routing #: The routing code is the 9-digit number on the lower left of your check. The routing code appears between the 1: symbols.

1: 1:

Account #: Your account number can be found between the second 1: symbol and the || symbol. Do not include the check number (the digits to the right of the || symbol).

1: ||



Cut here and retain for your records.

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.*