

## Electronic Payment Form

**Two Payment Options Available To You**

### Option 1 – AUTOMATIC ACCOUNT WITHDRAWAL

I authorize the financial institution of Great Western Bank to initiate, on behalf of Hagan Barron Intermediaries (HBI), an automatic account withdrawal from my checking or savings account on a **recurring basis**.

Member Name

Bank Name

Account Number

Routing Number

Amount of Withdrawal

Checking or Savings Account (circle one)

I wish to be billed and pay my premiums:  Monthly  Quarterly  Semi-annually  Annually

By signing this form you have agreed for your bank account to be automatically deducted on or around the 1<sup>st</sup> of the month based on the billing frequency you have chosen. If the 1<sup>st</sup> of the month falls on a weekend or holiday, the automatic account withdrawal will process the next business day.

This authorization will remain in effect until you submit a cancellation request in writing. The cancellation request needs to be received before the 15<sup>th</sup> of the month prior to the next automatic payment being processed. Your cancellation request can be sent through the U.S. Mail, email or fax.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Please attach voided check**

A voided check is required in order to verify the account number and ABA routing number. Please do not substitute a deposit slip as many times the ABA routing information is different between deposit slips and check stock. Thank you!

Hagan Barron Intermediaries  
PO Box 1889  
Sioux Falls, SD 57101

By phone: 1-877-285-4445  
Fax: 605-444-7078  
[www.haganbarron.com](http://www.haganbarron.com)

Please see reverse side for Credit Card Payment Options

## Electronic Payment Form

Two Payment Options Available To You

### Option 2 – CREDIT CARD AUTHORIZATION

Insured's Last Name

Insured's First Name

Name as it Appears on Credit Card (if different from above)

Credit Card Billing Address

City/State

ZIP Code

Credit Card Type  Discover  Mastercard  Visa

*American Express is not an accepted credit card*

Credit Card Number

Expiration Date (Mo/Yr)

Invoice #

E-mail address for receipt

Amount

I wish to be billed and pay my premiums:  Monthly  Quarterly  Semi-annually  Annually

#### Recurring Credit Card Payments:

By signing this form you have agreed for your credit card to be automatically charged on the 1<sup>st</sup> of the month based on the payment frequency you have chosen.

This authorization will remain in effect until you submit a cancellation request in writing. The cancellation request needs to be received before the 15<sup>th</sup> of the month prior to the next automatic payment being processed. Your cancellation request can be sent through the U.S. Mail, email or fax.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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