KELSEY NATIONAL CORPORATION

VANTAGE
BUSINESS SUPPORT & INSURANCE SERVICES

ADVANCED PAYMENT OPTION / AUTO DRAFT

We will need the following information if you wish to enroll in automatic payment of your monthly dental and/or vision plan contributions.

Your Name: _____ _____
first last

Company Name: _____

Address: _____
street

_____
city state zip

Attach Voided Check Here

I hereby authorize Kelsey National Corporation to initiate debit entries for monthly premiums due from this checking account: Bank Routing Number: _____ Account Number: _____ Financial Institution: _____ City & State _____	Complete form – sign – and submit with your other documents to: Vantage Business Support & Insurance 1420 E Roseville Pkwy., Ste. 140-402 Roseville, CA 95661 Inquiries: 877.886.8277 x 0906 Fax: 866.830.5927

This request will stay in force until Kelsey National Corporation has received written notification from me of its termination in such time and in such manner as to afford Kelsey National Corporation a reasonable opportunity to act on it.

X _____ _____
signature date