



ACH Effective Date: \_\_\_\_\_

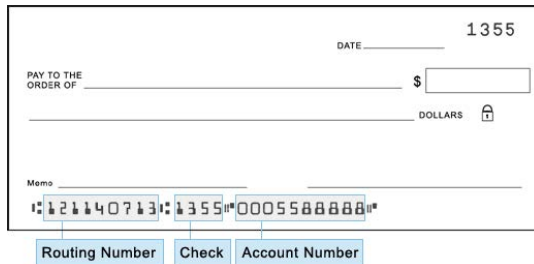
6055 E. Washington Blvd Suite 1090  
Commerce, CA 90040  
Phone: (323) 722-0812 Fax: (323) 722-0830  
www.mahoneygroup.com



## Autorización de Pago Automático

Fecha: \_\_\_\_\_ Póliza Efectiva: \_\_\_\_\_  
Nombre del Asegurado: \_\_\_\_\_  
Numero de Póliza: \_\_\_\_\_ Mensualidad: \_\_\_\_\_

### Información Bancaria



Nombre del Banco: \_\_\_\_\_  
Número de Ruta: \_\_\_\_\_  
Número de Cuenta: \_\_\_\_\_

Pago Automático Mensual

Al firmar, yo \_\_\_\_\_ (escriba su nombre), autorizo a The Group Mahoney / ICANA que automáticamente retire la mensualidad declarada de la cuenta del banco indicada, el 1° de cada mes mientras mi póliza se mantenga activa.

Pago por Teléfono, Fax, y/o Correo Electrónico

Al firmar, yo \_\_\_\_\_ (escriba su nombre), autorizo a The Group Mahoney / ICANA que automáticamente retire la mensualidad declarada de la cuenta del banco indicada, en el momento que autorizo un pago por teléfono, fax, y/o correo electrónico.

*\*Nota: Después de múltiples ocurrencias de 'fondos insuficientes', dinero en efectivo/cheque bancario sería requerido.*

Firma del Asegurado: \_\_\_\_\_ Fecha: \_\_\_\_\_  
Firma del Agente: \_\_\_\_\_ Fecha: \_\_\_\_\_

*For Office Use Only*

Date Rec'd: \_\_\_\_\_  
 Accounting Processed Date: \_\_\_\_\_  
 ACH Bank Set-up Date: \_\_\_\_\_



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## Automatic Payment Authorization

Date: \_\_\_\_\_ Policy Effective: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Monthly Premium: \_\_\_\_\_

### Banking Information

DATE \_\_\_\_\_ 1355

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Memo \_\_\_\_\_

⑆ 2 2 4 0 7 1 3 ⑆ 3 5 5 ⑆ 0 0 0 5 5 8 8 8 8 8 ⑆

Routing Number    Check    Account Number

Bank Name: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

**Auto Monthly Payment**

By signing, I \_\_\_\_\_ (print name), hereby authorize The Mahoney Group/ICANA to automatically withdraw the stated monthly premium from the above stated bank account on 1st of each month in which my policy remains active.

**Pay by Phone, Fax, and/or Email**

By signing, I \_\_\_\_\_ (print name), hereby authorize The Mahoney Group/ICANA to automatically withdraw the stated monthly premium from the above stated bank account at the time I wish to authorize a monthly payment by phone, fax, and/or email.

*\*Note: After multiple NSF(non-sufficient funds) occurrences, cash/cashier check payment will be required.*

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent/Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only*

Date Rec'd: \_\_\_\_\_  
 Accounting Processed    Date: \_\_\_\_\_  
 ACH Bank Set-up        Date: \_\_\_\_\_