



CAPITOL ASSOCIATION PLANS

PO Box 3040, Fair Oaks, CA 95628-1968

Phone: (916) 944-1707 Fax: (866) 334-5346

E-mail: caps@capsplans.com Website: www.capsplans.com

AUTOMATIC BANK DEBIT (ACH) AUTHORIZATION FORM

FAX TO: 866-334-5346

I authorize Capitol Association Plans to debit my bank account as follows:

- Automatically debit my bank account for my insurance premiums
- One time only bank account debit in the amount of \$ _____

BILLING FREQUENCY (for automatic payments)

- Monthly
- Quarterly
- Bi-Annually
- Annually

BANK ACCOUNT INFORMATION

Bank: _____

Name on Account: _____

Bank Routing No.: _____

Checking Acct. No.: _____

Customer Address: _____

Daytime Phone: _____

Email Address: _____

Signature: _____

POLICIES & FEES:

If you select automatic billing, your account will be debited automatically by the 10th of the month which corresponds with your frequency of payment. You will not be mailed an invoice; however one can be mailed upon request. **NOTE: A \$2.00 transaction fee for each ACH (automatic debit) will apply.**

If you wish to cancel this authorization, you must notify Capitol Association Plans in writing at least 10 days in advance of the scheduled transaction.