



Plan Sponsor



Broker

ACH Recurring Payment Authorization Form Guardian Policy #502443

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Please complete the information below:

For the purpose of monthly insurance premium payments only, I (we) authorize **Disability Specialists, Inc/Broker** to initiate a debit entry to my (our) checking/savings account at the Financial Institution indicated below, on or about the 16th of each month or 1st business day after, and initiate adjustments if necessary to correct any transactions credited/debited in error or that result from changes in coverage amounts that are authorized separately. This authority shall remain in effect until I (we) notify **Disability Specialists, Inc/Broker** in writing.

Name of Enrolled Member

☐ Also update other members' banking information per the list of names below*:

Street/PO Box

1. _____

2. _____

State/City/Zip

3. _____

**If more room is needed, send the list of names in an email to FSIPlan@gotodsi.com along with this form*

Phone Number

Account Type: ☐ Checking ☐ Savings

Name on Account _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

Payment/Termination Policy: To ensure your coverage stays intact should a scheduled payment be declined, Disability Specialists, Inc. will attempt to contact you multiple times by phone and/or email to correct any issues and bring your account current. If we receive no response or the account remains delinquent 30 days after the 1st of the coverage month, Disability Specialists will send you a termination notification in writing. Note: If any bank draft transaction is rejected, Disability Specialists will attempt a second draft 5 business days later. No fee will be charged for the first debit rejection; any and all subsequent debit rejections will be subject to a \$25 processing fee. These may be sequential (in the same billing month) or non-sequential (at any point forward when a premium is returned).

Submit to Disability Specialists/Broker:

Scan/Secure Email: FSIPlan@gotodsi.com

Or upload to our secure website and follow the directions:

<https://gotodsi.com/upload>

Secure Fax: 888.828.4495

For questions, please call: 406.522.3324