

SECTION 3-



Refer to Sample Check image for help in locating your Routing and Account Numbers.

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Signature of Account Holder



Date of Signature

A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL

You will receive notice if any coverage for which you are required to pay the cost is about to terminate because you have not paid 019 D EW 9 " 8 U ' A 5 (& 7 / < Q T a R ' X f Â Ð ,! o W 2 . B 6 T , > R < 0 0 4 8]

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