



### Authorization to Change Banking Information

For the Assemblies of God Group Life Insurance Plan

Mail to: Online Insurance Services, Inc., 2001 Wells Rd. Orange Park, FL 32073

Or Fax: (904) 278-8191

Participant ID: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Account Type:  Checking  Savings

Name of Bank: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_

Bank City, State, and ZIP Code: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I authorize the monthly premium to be debited from the account shown above on my previously chosen monthly bill date. If any monthly payments have been missed as a result of my banking information changing, they will be billed the Friday following OIS's receipt of this completed form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please staple or include a voided check below.*