



Please send back to:
 First Financial:
 410 N. Jefferson Ave.
 Covington, LA 70433

CAMERAON PARISH SCHOOL BOARD
AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENT

Primary Insured's Name _____	Mailing Address _____
Last four digits of Primary Insured's Social Security or complete Alternate ID Number _____	_____
Email Address _____	City _____
Phone _____	ST _____ Zip Code _____
Plan selected (circle one) High Plan Low Plan	

Account Holder Name _____
Financial Institution _____
City _____ ST _____ Zip Code _____
Bank Account Routing # _____ Bank Account # _____

Please debit my account: _____ Monthly _____ Quarterly _____ Semi-Annually _____ Annually

I hereby request and authorize the Financial Institution named above to pay my obligation by charging each payment to my account and to make the deduction payable to the order of MWG Administrators on behalf of Delta Dental. I agree each payment shall be the same as if it were an instrument personally signed by me. This authorization will remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, both the Financial Institution and MWG Administrators reserve the right to terminate this payment plan (or my participation therein). If the premium amount changes, I will be notified in writing prior to any changes in the amount deducted from my account. Payments will be debited from this account on the 18th day of the month unless otherwise agreed upon by MWG Administrators.

MWG Administrators will send a notice of payment not honored. Payments not honored will not be submitted a second time. If a payment is not honored, my insurance terminates 10 days after notice has been sent. If I wish to continue my insurance after a payment is not honored, MWG Administrators must receive full payment prior to the end of that month. If I wish to continue my insurance after a payment is not honored, MWG Administrators will charge a \$20.00 fee in addition to any bank charges. Reinstatement is only possible within 60 days of the not honored payment after which no reinstatement is possible. After two payments are not honored, reinstatement is not possible.

 Signature (Please sign as you sign checks)

 Date