
RECURRING DIRECT DEBIT REQUEST

If you would like to have your monthly payments automatically deducted from your checking account, please submit your information using the form below. **A new form will be needed each policy period. This does not automatically continue each policy period.**

Policy Number: _____

Insured Name: _____

Email: _____

Bank Account #: _____

Routing #: _____

Financial Institution: _____

DRAFT INSTRUCTIONS

Number of Installments: _____

Amount of each monthly Installment is \$ _____. Myron Steves will withdraw each payment on the due date.

If the payment happens to fall on a weekend or holiday, Myron Steves will withdraw that payment on the next business day.

CANCELLATION OF DIRECT DEBIT:

Myron Steves must be notified in writing not later than 5 business days before the next due date. Any debit returned dishonored by the bank will be assessed a \$33.00 return debit fee and will result in the Direct Debit payment option being cancelled for this account.

Insured's signature: _____ Date: _____

Please print, complete, and mail this form to 3131 Eastside, Suite 600, Houston, TX 77098 or fax this form to 866.407.0854 (toll free). You can also email this form to payments@myronsteves.com. Myron Steves must have document and check prior to the withdrawal date.