


SUPREME COUNCIL
OF THE

ROYAL ARCANUM

AN INTERNATIONAL FRATERNITY  PROVIDING FAMILY PROTECTION

Yes, I want to enroll in **CHECK-O-MATIC**, and on my scheduled payment date have the Royal Arcanum deduct my payment automatically from the account indicated on the enclosed check.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Please sign and return with your payment. Be sure to use the checking account which you want to be debited for the **CHECK-O-MATIC** option.

If payment isn't due and you want to setup **CHECK-O-MATIC** for your next payment please send in a voided check from the account you want debited.

Please **elect** the mode of payment and date the withdrawal is to be made by checking the boxes below.

Premium Mode *Monthly Quarterly Semi-Annual Annual

Debit Date 1st , 3rd , 5th , 15th or 20th of the month.

* Monthly payments are only permitted through **CHECK-O-MATIC**.

Social Security Deposit Date		
2 nd Wed	3 rd Wed	4 th Wed
Social Security Recipients <input checked="" type="checkbox"/> only		

By signing below, I authorize Royal Arcanum to debit my checking or savings account for the initial premium once my application has been approved by underwriting. I understand that the debit date elected above will be used for the initial premium as well as recurring premiums.

*Please note for **new business** the initial debit date must be **within 30 days** from the date the application is signed.

Please type or print all information clearly

NAME _____ DATE _____

BANK NAME _____ CHECKING SAVINGS

BANK ROUTING NUMBER (9 DIGITS) _ / _ / _ / _ / _ / _ / _ / _ / _

ACCOUNT NUMBER _____

CERT NO. _____ SIGNATURE _____

E-MAIL _____

PLEASE ATTACH YOUR VOIDED CHECK HERE

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