

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**            1<sup>st</sup> , 5<sup>th</sup> , 15<sup>th</sup>  or 20<sup>th</sup>  of the month.

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

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**

**Rev. 10/2017**