



- Please complete on-line or print all information.
- If completed on-line, please save a copy for your records prior to printing and signing.
- Please complete every blank

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 **circle** the mode of payment and date the withdrawal is to be made.

**Monthly \***    **Quarterly**    **Semi-Annual**    **Annual**

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

I hereby authorize Royal Arcanum, to initiate debit entries to my Checking account indicated by the enclosed check or Savings account as indicated. This authorization is to remain in full force and effect until Royal Arcanum has received written notification from me of its termination in such time and in such manner as to afford Royal Arcanum and Depository a reasonable opportunity to act on it.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
( Please Print Clearly )

BANK NAME \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_ CHECKING  SAVINGS

BANK NUMBER \_\_\_\_\_ BRANCH NUMBER \_\_\_\_\_

BENEFIT CERTIFICATE NO. \_\_\_\_\_

SIGNATURE \_\_\_\_\_

For additional information or questions, please contact the Home Office at the address or telephone numbers below.