



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**, **1st**, **5th** or **15th** of the Month.

* **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. 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 _____ CHECKING SAVINGS

BANK ROUTING NUMBER _____ ACCOUNT NUMBER _____

CERT NO. _____ SIGNATURE _____

PLEASE ATTACH YOUR VOIDED CHECK HERE