MJ KELLY COMPANY PREMIUM PAYMENT PLAN PO BOX 231 TURNER'S MO, 65765 417-883-2688

Insured:

MJ Kelly Company Premium Payment Plan payments now have the ability to be automatically withdrawn from your checking account each month.

Attached please find the ACH Debit Agreement (Authorization Agreement Direct Payments) for your premium payment account. Please fill out each line fully and attach a voided check from a current checking account.

This will need to be completed and returned before funds can be automatically withdrawn from your checking account. It will take 10 days to process the attached form before payment will be withdrawn from your account. Please take this into consideration when planning your next payment.

There will be a one-time 20.00 fee for this service.

If you have any questions, please feel free to call us at (417)883-2688.

Fax Number: 417-883-7103 E-mail Address: <u>premiumpaymentplan@mjkelly.com</u>

Schedule H

AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize MJ Kelly Company Premium Payment Plan, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of US law.

I understand that my signature authorizes a onetime non-refundable \$20.00 setup fee.

Financial Institution Name	Branch
Address	City-State Zip
Routing/Transit Number	Account NumberChecking Savings
•	rce and effect until COMPANY has received written

notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name	Print Individual Name
Signature	Signature

Date

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM – (Customer retains second copy)