Trustmark Insurance Company

Trustmark Insurance Company
Suite #6170
75 Remittance Drive
Chicago, IL 60675-6170

Phone: 800-918-8877 • Fax: 847-615-4943
Email: customercare@trustmarksolutions.com
Website: http://www.trustmarksolutions.com/individuals/policyholders

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

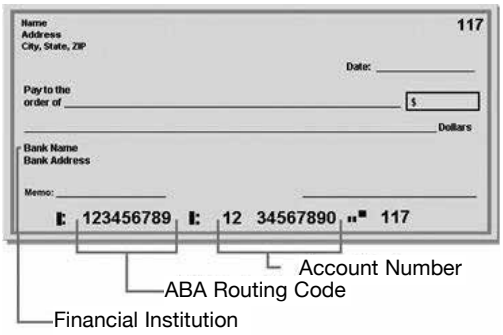
I (We) hereby authorize Trustmark Insurance Company to initiate debit entries or charges to my (our) account, indicated below, for the payment of insurance premiums, and the depository named below, hereinafter called Financial Institution, to debit the same to such account.

Print name(s) as shown on account

Print full name of financial institution or branch

Print full address of financial institution or branch

Print City, State and Zip



Financial Institution's ABA Routing Code

Account Number

Type of Account ☐ CHECKING/SHARE DRAFT ☐ SAVINGS/SHARE

(voided check must be attached)

I (We) authorize payment for the following policies:

Insured's Name (Print)	Policy/Certificate Number	Insured's Name (Print)	Policy/Certificate Number
Insured's Name (Print)	Policy/Certificate Number	Insured's Name (Print)	Policy/Certificate Number

☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

This authority is to remain in full force until Trustmark Insurance Company has received written notification from me (us) of its termination in such time and such manner as to afford Trustmark Insurance Company a reasonable opportunity to act.

Please retain a copy for your records.

Requested Draft Date - Draft may be taken within three business days of selected date ☐

(May NOT be 29, 30 or 31)

Signature of Account Holder	Print name of Account Holder	Date
Signature of Joint Account Holder	Print name of Joint Account Holder	Date

Trustmark Insurance Company
Lake Forest, Illinois