



GREAT NATIONAL INSURANCE UNDERWRITERS, INC.

- General Agents -

**PACIFIC GUARDIAN LIFE
Life Insurance Co., Ltd.**

**CHUNG KUO INSURANCE
Company, Limited**

Great National Insurance Bldg., Chalan San Antonio, Tamuning * P.O. BOX GA, Hagatna, GU 96932 * Tel: 646-5736 / 2250 * Fax 649-2418 * Email: gni@ite.net

DIRECT PAYMENT AUTHORIZATION

I hereby authorize Great National Insurance Und., Inc. to automatically deduct from my account with the financial institution named, thereby also giving authorization to the financial institution to charge my account for those deductions.

This authorization will remain in effect until revoke by me in writing to the company. I understand that I have the right to stop direct payment upon timely written notice to the company prior to the time my account is charged. I understand further, that the company has the right to cancel my policy coverage if at least (2) two situation transmittal of this deduction will be returned by the bank due to insufficient fund.

It is further agreed that in the event of a claim for loss, the entire premium balance becomes due and will be deducted from the claims payment.

Name Address

Phone No. Policy Number Monthly Deductions

Checking/Savings Account No. Routing No. Bank Name

Date of Deduction - Starting _____

Terms: _____ Months

Account Holder Signature Date

*Service charge of \$30.00 for Insufficient Funds.