Illinois Life & Health Insurance Guaranty Association
PO Box 4198 Lisle, IL 60532
Tel. (773) 444-4071 Fax. (773) 304-3559
ILClaims@illinoisga.org

Premium Payment ACH Authorization Form

Policy Owner's Name _____ Policy# (required) _____

Policy Owner's Address _____

Policy Owner's Phone _____ Policy Owner's Email _____

Premium Payments via ACH Frequency-Select 1 of the below options

☐ No Change - Keep current billing frequency (5% discount will only apply for first time monthly ACH setup)

Change payment frequency to:

☐ Monthly (5% discount will only apply for first time ACH set up) ☐ Quarterly ☐ Semi-Annually ☐ Annually

Bank Account Information (Checking Accounts Only)

Bank Account Owner's Name _____

What is your relationship to Policy Owner? ☐ Self ☐ Other

Complete all the information in this section and **attach a void check (required)**

Bank Account Owner's Address _____

Financial Institution's Name _____

ABA Routing Number (9 digits located on bottom left of check) ☐☐☐☐☐☐☐☐☐

Checking Account Number _____

By signing this form, I understand and accept these terms and conditions:

The selected payment method does not alter or change the policy provisions.

I hereby authorize and request that ILHIGA draft my account as noted above.

ILHIGA will only consider a premium paid if a draft is honored by my financial institution.

If two ACH payments are returned within a twelve-month period, your payment method will be changed to quarterly direct billing. After a period of twelve months on direct billing, you may re-apply for an ACH option.

In the event that the payment method is changed to direct billing, the billing notices will be sent to the Payor on record.

I must notify ILHIGA in writing at least 10 business days before a scheduled withdrawal to change or cancel this authorization. In addition, I must provide a current address for future billing notices.

I understand that for monthly drafts, the initial draft will include any past due premiums required to bring my policy current.

Bank Account Owner's Signature _____ Date _____

Policy Owner's Signature _____ Date _____
(If other than Bank Account Owner)