



DATE:

TO: Certificate Holder Services
Premium Accounting Department
Email address: PHSF@imglobal.com

eCheck Information

Certificate Number(s):

Name(s):

Please include the following eCheck Information on my account:

Routing Number:

Account Number:

Name on account:

Please Circle One

Consumer Checking

Consumer Savings

Commercial Checking



All payments must be made in U.S. dollars. I hereby request and authorize IMG to secure premium payments with the selected check information. This authorization will remain in effect until revoked by me in writing and until IMG actually receives notice. Please attach VOID check or DEPOSIT SLIP with this form.

Authorized Signature: _____ Title (if applicable): _____

Printed: _____

Other Comments: _____

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