



Office use only:  
Agent:  
Debit:

## Automatic Bank Debit (ACH) Authorization Form

I, \_\_\_\_\_ (printed name), authorize Gentry Financial Group to debit my bank account for my dental and/or vision insurance premiums. I understand that the debit will take place on the first of each month. If the 1<sup>st</sup> falls on a weekend or bank holiday, the debit will occur on the next consecutive business day.

**\*\*Please be advised that this form must be returned at least 1 week prior to the bank debit date or the debit will be incurred the following month resulting in a debit for two months premiums.**

**Bank Account Information:**

**Bank Name:** \_\_\_\_\_

**Name on Account:** \_\_\_\_\_

**Bank Routing Number:** \_\_\_\_\_

**Type of Account:** (Circle one)      **Checking**      **Savings**

**Account Number:** \_\_\_\_\_

- I have enclosed a voided check or a check for my first month's payment for the account I designate to be debited. (Required)
- Please send me a notification email to the email address listed below when my account is debited. I understand the email will come from Southside Bank. (Optional)

**Email Address:** \_\_\_\_\_

**If you wish to cancel this authorization or have any changes that need to be made, you must notify Gentry Financial Group at least 10 days in advance of the scheduled transaction.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_