

How to Sign Up for this Convenient Payment Plan Option

It's as easy as 1-2-3 to sign up for the ABE Automatic Payment Plan* option.

- 1) Complete and sign this form.
- 2) Attach a voided check or copy of a voided check.
- 3) Mail this form with a payment for one month's premium. To calculate a one month premium payment, divide a quarterly premium by 3, a semi-annual premium by 6, or an annual premium by 12.

*This payment option is only available to members who have checking accounts at U.S. banks and is not available to residents of Ontario or Quebec, Canada.

What's Next?

The first automatic deduction will be made for the next month's premium due. Thereafter, we will automatically deduct your payment from your checking account on the first business day of each month. Please note, if the first of the month falls on a weekend or holiday, your account will be debited the next business day. If the amount of your monthly payment is changed for any reason, you will be notified in writing. All changes (closing your account, changing banks, termination of automatic deduction) in the ABE Automatic Payment Plan must be submitted to our office in writing.

1 Please complete the following:

Your Name	Member ID
Business Phone	Home Phone
E-mail	Fax Phone

2 I would like to participate in the ABE Automatic Payment Plan for the following programs:

<input type="checkbox"/> Group Term Life	<input type="checkbox"/> Disability Income	<input type="checkbox"/> Excess Major Medical
<input type="checkbox"/> Group Hospital Indemnity	<input type="checkbox"/> Group Accidental Death and Dismemberment	<input type="checkbox"/> Group Office Overhead Expense
<input type="checkbox"/> Retirement Contribution Disability		

3 Please read the following, then sign and date below to authorize this automatic payment:

I (we) authorize the American Bar Endowment, hereinafter called "ABE," to initiate debit entries to my (our) checking account for the monthly premium due for my above indicated ABE Insurance coverage(s). I (we) authorize the financial institution on the attached voided check, hereinafter called "Institution," to credit the amount of such entries to my (our) account, to correct any errors, and to deposit any such corrections to my (our) account.

This authority is to remain in full force and effect until I (we) revoke the agreement in writing as hereafter provided. Any revocation is effective only after ABE, has received written notification from me (us) to terminate this agreement in such time and manner as to afford a reasonable opportunity to act upon the notice. I (we) have the right to stop payment of a debit by notification to Institution, in such time and manner as to afford a reasonable opportunity to act prior to charging the account.

I have attached a voided check for the checking account from which I want these future deductions made for the programs indicated and enclosed payment for my first monthly premium contribution. I understand that by signing up for the ABE Automatic Payment Plan, I will no longer receive a notice of premium due for my insurance premium contribution, and that this process will continue until I notify you in writing to terminate the deductions.

X Member Signature	Today's Date / /
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IMPORTANT NOTICE: Please mail this completed enrollment form with the first monthly premium and voided check to
 Attention: ABE Automatic Payment Plan Enrollment Department
 American Bar Endowment
 321 North Clark Street
 Chicago, IL 60654-7648
 800-621-8981 • www.abendowment.org