



# Bank Draft Authorization

The National Guard Association of Tennessee Group Insurance Trust is hereby requested and authorized to draw monthly checks against the bank **checking** account hereinafter identified in payment of premiums due for participation in the Association's Group Life Insurance Program.

Name (exactly as it appears on bank records)	Account Number
Name of Bank & Branch	<b>--IMPORTANT-- ATTACH VOIDED CHECK</b>
Mailing Address (Bank & Branch)	

NATIONAL GUARD ASSOCIATION OF TENNESSEE  
GROUP INSURANCE TRUST OFFICE USE ONLY

Unit Code	SSN - Last 4 Digits	Premium	Date Authorization Effective
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----- <b>Date:</b>	----- <b>Member's Signature</b>	----- <b>Email Address</b>
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**\*\*NOTE: A fee of \$23.00 will be assessed for a bank draft returns.**