

**AUTHORIZATION TO HONOR CHECKS DRAWN BY GUARANTY ASSURANCE COMPANY**

Name of Depositor as Shown on Bank Records (Please Print)

Account Number

Name of Bank

Branch Name, if Any

Address of Bank or Branch (City and State)

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks drawn on my account by and payable to the order of Guaranty Assurance Company, Baton Rouge, Louisiana, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check.

I further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Date

Signature of Depositor as Shown on Bank Records



BDA

GUARANTY ASSURANCE COMPANY, P.O. BOX 40017, BATON ROUGE, LA 70835-0017

**PLEASE NOTE:** The size of this form is adjustable from a 6x4 to a 5x3 card for your filing convenience.

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|---|---------------------|---|
| POLICY NO.                                    | Bank Account Number | Print Name of Depositor as it Appears on Bank Records |
| For Home Office Use Only<br>Full Name of Bank |                     | Branch Name & No. or Letter, if Any                   |
| City & State                                  |                     | Transit No. & Routing Symbol                          |

**AUTOMATIC BANK CHECK AUTHORIZATION**

I, the undersigned hereby authorize the Guaranty Assurance Company, Baton Rouge, Louisiana, to draw checks each month against my checking account at the Bank named above to pay my Dental Insurance Premium, and I agree that the presentation of such premium payments checks shall constitute notices of insurance premiums due.

Date Completed

Signature of Depositor as it Appears on Bank Records



**NOTE: A BLANK SAMPLE OF DEPOSITOR'S CHECK MUST ACCOMPANY THIS REQUEST.**