

Electronic Funds Transfer (EFT) Credit Card /Change Authorization Form

I authorize National General to withdraw/charge future payments from the account/credit card listed below. National General or I may terminate this agreement by written notice to the other party. I may also call National General at 888-781-0585 to make changes to my account information or method of payment.

Insured's Name: _____ Policy #(s): _____

Date of Birth: _____

Electronic Funds Transfer

Bank Routing #: Checking Account Savings Account

Checking Account #: _____ *9 Digits on the bottom left of check*
 _____ *Enclose a voided check*

Credit Card

To be withdrawn from: Credit Card

Type of Card Visa Mastercard

Card Number: _____ - _____ - _____ - _____ *Exp. Date:* _____

Card Holder Name: _____

Billing Address: _____
Street Address

City, State, Zip Code

NOTE: For Credit Card Payments: Changes must be received at least 8 days prior to the payment due date.
 For EFT Payments: Please allow 30-days from time of submission for changes to become active.

Signature: _____ Phone#: _____

Please return completed form to:
 National General Accident & Health
 Fax: 888-344-3232
 PO BOX 1070
 Winston Salem, NC 27102-1070