

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (DEBITS)

I (WE) _____ HEREBY AUTHORIZE
FINANCIAL RESOURCE GROUP VOLUNTARY to initiate debits to my
(our) account indicated below and the bank named below to debit the amounts of such
entries to said account.

| | |
|-----------|-----|
| Bank Name | |
| Address | |
| City | |
| State | Zip |

TRANSIT ROUTING

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ACCOUNT NUMBER

| | | | | | | | | | | | | | | |
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Billing Group ID# _____

The authorization hereunder is for \$ _____ to be debited to my (our) account on
or after the 1st day of each month. The authority is to remain in effect until the company has
received written notification from me (or either of us) of its termination in such time and in such
manner as to afford the company a reasonable time to act on it.

Date: _____ Signature: _____

- 1) Complete the authorization agreement above for Bank Draft
- 2) Enclose a check made payable to: *Financial Resource Group Voluntary* for your first month's premium. Remember to include **\$2.00** Administrative Fee per employee per month for any or all coverages.
- 3) Your account will be drafted the First of Each month after effective date.
- 4) Complete the Baltimore Life enrollment application, including signature and date.

Mail Draft authorization, application and check to:

Financial Resource Group
P O Box 531178
Birmingham, AL 35253

For further coverage details.... Please call US!

Financial Resource Group 1-800-543-3153
or visit our Website:
www.frgco.com