

Bank Draft from your bank account *Check-O-Matic* for Personal Account Insurance or Plan Deduction  
**AMERICAN MARKETING ADMINISTRATORS, INC A Registered Insurance Administrator Since 1980**

As a convenience to me, I request and authorize YOU to pay and charge to my account checks drawn on the account by and payable to the order of AMERICAN MARKETING ADMINISTRATORS, INC. (hereafter referred to as AMA) provided there is a sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit shall be the same as if it were a check drawn on you and signed personally by me. I authorize AMA to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of any required premium and or fees due for requested coverage and plans. This authority is to remain in effect until revoked by me, in writing, by US Mail and until you actually receive such notice. I agree that you shall be fully protected in honoring any such debit. I further agree that if any such debit 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 forfeiture of coverage and fees for dishonored checks.

Name of Bank or Financial Institution .. name on the account

Street Subscribers Social Security #  
Name on Checking Account if different then above

City, State Zip code \_\_\_\_\_

ROUTING ABA# (firs 9 #s) \_\_\_\_\_

NOTE: You will incur a service charge for any withdrawal  
Not honored. You may be billed quarterly.

Account # (do not include a check number) \_\_\_\_\_  
Authorized Signature (As it appears in the financial institution's records)

TYPE OF ACCOUNT:  
Checking or  Savings Premium Mode:  
Expedite Enrollment Enrollment Fee  
Premium

X \_\_\_\_\_ Date

>A Voided check (or copy of a voided (*not a deposit slip*) mail or fax in to expedite <  
**Fax 818-223-8147 alternate Fax 818-992-4438**  
 AMERICAN MARKETING ADMINISTRATORS, Inc. (AMA) **818-223-9750**  
**23901 Calabasas Road Suite 2014 Calabasas, CA 91302-3307**  
[Email: info@fdvp.com](mailto:info@fdvp.com) web site [www.fdvp.com](http://www.fdvp.com)

**Enrollment fee and 2 months bank draft premium: Name of person paying:**

**Subscribers to be covered:**

**Primary:** \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Spouse:** \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Child:** \_\_\_\_\_ date of birth \_\_\_\_\_ Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Child:** \_\_\_\_\_ date of birth \_\_\_\_\_ Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

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**Child:** \_\_\_\_\_ date of birth \_\_\_\_\_ Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Over Age Children, Parents, Siblings, etc. will pay the premium of a single adult**

**Additional Persons Name:** \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Authorization:

Expedite Enrollment X \_\_\_\_\_ Date  
Enrollment Fee