

PAYOR CHANGE REQUEST

On the following policies:

POLICY NUMBER	INITIALS FIRST/LAST	POLICYNUMBER	INITIALS FIRST/LAST	POLICYNUMBER	INITIALS FIRST/LAST
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CHANGE METHOD OF PREMIUM PAYMENT TO:

- Direct Bill Under Bill Control Number _____, Due Date of 1st, 5th, 10th, 15th.
- Preauthorized Debit through my Bank Routing # _____ Checking Account # _____ . 1st due, 8th due, 15th due. (Requires submission of Form 191 A and voided check or personalized deposit slip.)
- Payroll Deduction through my Employer No. _____ Under S.S. No. _____ (Requires Payroll Deduction Authority Form.)
- Government Allotment under my Serial No. _____ (Requires copy of Class E Allotment Form acknowledged by Finance & Accounting Office be mailed to Kanawha when Allotment to Kanawha is filed. Method change will be effective when first payment received.)

CHANGE: MODE OF PREMIUM PAYMENT TO: Annual Semi-annual Quarterly Monthly
(Does mode selected meet \$15.00 minimum premium for Direct Bill Method; \$7.00 for Preauthorized Check Method?)

CHANGE: ADDRESS OF PREMIUM PAYOR TO:

_____ Street

_____ City

_____ State _____ Zip Code

Is this address within City Limits? Yes No

POLICY OWNER PHONE#(_____) _____

CHANGE: PAYOR NAME TO: _____ SS#: _____

Payor Name Change requires signature of policyowner. Otherwise, this form may be signed by Premium Payor, Agency Manager, Cashier or Agent at the request of the Policyowner or Premium Payor.

_____ Signature _____ Date