



512-454-7300

insurance@ngat.org

# NGAT ACH Payment Authorization

(Mail completed form to)

National Guard Association of Texas (NGAT) - Insurance

3706 Crawford Ave, Austin, TX 78731

By signing this form, you authorize the National Guard Association of Texas to debit your account for the amount and frequency on or after the date indicated below from your designated account.

I \_\_\_\_\_ authorize the **National Guard Association of Texas** to charge my bank  
(Full Name)  
account indicated below for \$ \_\_\_\_\_, (**Select one:** Monthly, Quarterly, Semi- Annually, Annually) on the  
(Amount)  
3<sup>rd</sup> day of the Month starting on \_\_\_\_\_.  
(Transaction Date)

This payment is for (**Select one:** Life Insurance, Membership, Donation)

### Billing Information

Billing Address: \_\_\_\_\_  
(Street Address, City, State, Zip)

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

### Banking Information

Account to be debited:  Checking  Saving

Account Name: \_\_\_\_\_

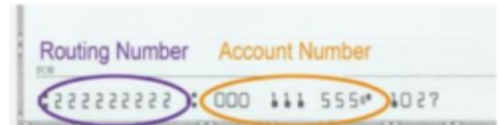
Bank Name: \_\_\_\_\_

Bank City: \_\_\_\_\_ Bank State: \_\_\_\_\_

Bank Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_



I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non-Sufficient Funds (NSF) I understand that the **National Guard Association of Texas** may, at its discretion, attempt to process the charge again within 30 days, and I agree to an additional **\$10.00 charge** for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I understand that to stop this scheduled debit I must contact the National Guard Association of Texas at least **15 days prior** to my next scheduled bill to stop payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law. I will not dispute the National Guard Association of Texas billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Account Holder's Signature)

**NGAT Use Only:** Rate Approved: \_\_\_\_\_ Start Date Approved: \_\_\_\_\_  
Loaded: \_\_\_\_\_