

Payment Management Automatic Draft Authorization Insurance Plans

Complete the Payment Management form in ink and retain a copy of the completed form for your records.

This Payment Management form is for life and health benefits only and does not apply to retirement contributions or other benefits offered through GuideStone.

1. EMPLOYER/PARTICIPANT INFORMATION

Employer/participant name: _____

Account number or Social Security number (last four digits) of participant: _____

Check one program: Personal Plans Group Plans

2. FINANCIAL INSTITUTION INFORMATION

Financial institution name: _____

City: _____ State: _____ ZIP Code: _____

Telephone: (_____) _____ Draft date (**6th – 14th are not available**): _____

Routing transit number: _____ Account number: _____

Attach a voided check to this completed authorization.

3. SIGNATURE

I authorize GuideStone to debit the account on the date shown above each month. If that day falls on a holiday or weekend, GuideStone will debit the account on the next banking day.

I understand that GuideStone must receive all changes to an employee's life and/or health coverage no later than five business days prior to the above draft date in order for any changes to be reflected on the following month's debit.

Personal Plans and Group Plans:

I understand once my financial institution is prepared to debit the account, GuideStone will notify me by mail of the date of the first debit transaction.

I understand the amount debited from the account will be the amount that appears on the monthly statement and the amount is subject to change based on adjustments made to participants' life and/or health coverage.

This authorization will remain in effect until GuideStone receives notice of Payment Management Termination. Notice of Payment Management Termination must be received no later than five business days prior to the above draft date to allow GuideStone and the financial institution a reasonable amount of time to act upon it.

GuideStone reserves the right to terminate this agreement with 30 days written notice.

Please print name: _____ Title: _____

Signature: _____ Date: ____/____/____

Return this authorization to: GuideStone Financial Resources, SBC
Insurance Operations
2401 Cedar Springs Road
Dallas, TX 75201-1498

Or you may fax it to: 214-720-4676

