

Accendo Insurance Company

part of the CVS Health® family of companies and Aetna affiliate

PO Box 323
Brownwood TX, 76804

800-416-8377

aetnaseniorproducts.com

Fax: 888-888-0188

ELECTRONIC FUNDS TRANSFER

Premium amount: \$ _____ Full name of the INSURED: _____

Please draft my CHECKING/SAVINGS Account (CIRCLE ONE)

Account #: _____ Routing #: _____ For Policy #: _____

Bank Name & Address: _____

Draft: Monthly Quarterly Semi-Annually Annually

Accendo Insurance Company has permission to withdraw funds from the above account for purposes of paying my premiums for insurance. This authorization can be cancelled at any time by my writing to the insurance company.

Signature of account owner: _____

Account owner: _____ Date: _____

For billing questions please call us at 800-416-8377 option 1 - or contact your agent.