



6368 Pearl Road, Cleveland, OH 44130
Local 440-842-9922 or 800-788-8146

**SAVE TIME AND ENSURE UNINTERRUPTED*VISION INSURANCE
COVERAGE WITH AUTOMATIC WITHDRAWALS**

Insurance Strategy Inc. / Infinity Trust are pleased to announce that your Infinity Trust vision insurance premium can now be automatically withdrawn from your checking account every month. If you would like to have your monthly vision premium automatically debited from your checking account, please complete and mail the attached Authorization Form with a voided check to the address above.

Authorization Agreement for Preauthorized Direct Debits

An actual voided check from a valid checking account must be attached for direct debit option.

I authorize Insurance Strategy Inc. / Infinity Trust to initiate debit entries to my attached checking account on a monthly basis in the amount of my Infinity Trust Vision premium. I understand under this agreement I am responsible for maintaining adequate funds available in my designated financial institutional account on the due date. Funds will be debited on the day I elected below or the next business day when the selected day falls on a weekend or holiday. **Returned items for non-sufficient funds (NSF) will be assessed a \$35.00 NSF charge.** I understand I have the right to stop debits from my depository Financial Institution for the above mentioned direct debit. If I choose to stop payment, I must notify my depository Financial Institution prior to the next scheduled direct debit transaction date. I must also notify Insurance Strategy Inc. / Infinity Trust **in writing** 20 (twenty) days prior to the next scheduled direct debit transaction date. This Authorization is to remain in full force and effect until revoked by me in writing.

*Coverage will remain uninterrupted as long as adequate funds are available in your account

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS FOR VISION SERVICE PLANS

This authorization is to remain in full force and in effect until Insurance Strategy Inc. / Infinity Trust has received written notification from me of its termination in such time and in such manner as to afford Insurance Strategy Inc. / Infinity Trust a reasonable opportunity to act on it.

Name: _____ Withdrawn Date: 1st 15th
(Please Print)

Address: _____
(Street) (Suite/Apt/Unit)

(City, State, Zip)

Phone #: (_____) _____

Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION



Please Note: All forms may be filled out electronically. To begin, download the desired form to your local device and save. When complete, simply click EMAIL button to submit electronically.

Acrobat Reader is required. Click the logo to download the software. Further instructions may be found at: <https://helpx.adobe.com/acrobat/using/filling-pdf-forms.html>