



**Piopac Fidelity, Inc.**  
**Direct Deposit Pay Authorization**

Please Provide this form to HR dept & Insurance Broker

◆ Reason for Change (if applicable): \_\_\_\_\_

Name of Employer/Organization \_\_\_\_\_ **Group#:** \_\_\_\_\_

**POLICYHOLDER/APPLICANT INFORMATION**  Verified by \_\_\_\_\_

<input checked="" type="checkbox"/> <b>New</b>	<input type="checkbox"/> <b>Change Request</b>	<input type="checkbox"/> <b>Payments to Begin on:</b>	Type of Insurance	Per Cycle Amount
		<b>(date)</b> _____		
<b>Employee Name:</b> _____				\$ _____
		<i>Last, First, M.I.</i>		\$ _____
<b>Cell Phone</b> _____				\$ _____
<b>Email</b> _____				\$ _____
			<b>Sub-total</b>	\$ _____

**FEE MUST BE ADDED ACCORDING TO PAYCYCLE:**

**MONTHLY (12)** |  **SEMI-MONTHLY (24)** |  **BI-WEEKLY (26)** |  **WEEKLY (52)**

**ENTER APPROPRIATE FEE BELOW**

**Fee MUST BE ADDED ACCORDING TO PAYCYCLE:**

**MONTHLY (12) \$5 | SEMI-MONTHLY (24) \$2.50 | BI-WEEKLY (26) \$2.31 | WEEKLY (52) \$1.16**

+ (Administrative Fee must be added) \$ \_\_\_\_\_

**Total Amount** \$ \_\_\_\_\_

**I choose to pay via Direct Deposit Pay (DDP)**

Routing No: \_\_\_\_\_ Account No: \_\_\_\_\_

So long as I am employed by or a member of such Employer/Organization, I hereby request my employer to Pioneer Pacific Consultants dba PIOPAC Fidelity, Inc. by directing the deposit of the TOTAL amount shown above on my behalf into an established premiums escrow account assigned by PIOPAC which this account's only purpose is to pay my insurance premiums as outlined above. PIOPAC is also authorized to receive notices of premiums due on policies for which I have made application related to this authorization. I understand that should I terminate or modify this authorization and premiums fail to be sent to PIOPAC, my policies may in turn be affected. This authorization shall remain in effect until written notice is provided by me to discontinue or modify or in the event my employment/membership is terminated. Should my employment/membership terminate, premium notices should be sent direct from the insurer to my address appearing on the insurer's records in accordance with the insurer's policies for direct billing if applicable. If applicable and desired, participant may enter into a separate agreement to authorize PIOPAC to draft premiums in order to continue PIOPAC services to pay my premiums directly on their behalf, but such drafting services are not expressly authorized by this authorization. This Authorization shall not be construed as a modification of any of the provisions of the insurance policy. If the Authorization is revoked, premiums falling due thereafter may be payable directly to the insurer. In the event of a discontinued Direct Deposit Pay, I authorize Pioneer Pacific to contact me via email, text, telephone, or combination if appropriate in accordance with portability of coverages to determine if PIOPAC shall enter into a drafting arrangement with participant.

*Authorized Signature*

I hereby authorize my employer to remit premiums as noted above to PIOPAC Fidelity, Inc. (Third Party Administrator) to pay premiums as outlined above. These authorizations remain effective and in full force until employee notifies employer to discontinue or modify amounts to send. PIOPAC will pay premiums accordingly.

*Policyholder/Applicant Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Associate's/Agent's Signature: \_\_\_\_\_ Writing Number: \_\_\_\_\_ Date: \_\_\_\_\_