



Pierce Insurance Agency, Inc. Phone 855-627-3847 Fax 252-753-5941 Email info@pierceins.com Mail ATTENTION NCRS P.O. Box 727 Farmville, NC 27828

RETIREE NAME: _____

PHONE: _____ EMAIL: _____

If you have any questions or need any assistance with completing this form, please contact Pierce Insurance Agency at 855-627-3847 or email info@pierceins.com.

TRANSACTION DETAILS

DRAFT FREQUENCY:

Monthly on the 15th of the month.

DATE OF FIRST TRANSACTION:

Will occur on the 15th of the month prior to your benefit effective date.

SELECT THE MONTHLY DRAFT AMOUNT

(Check One)

RETIREE ONLY \$8.00

RETIREE + FAMILY \$14.00

PLEASE CONFIRM THE AMOUNT, SELECTED ABOVE, TO BE DRAFTED FOR YOUR BANK ACCOUNT EACH MONTH, BY ENTERING YOUR INITIALS HERE: _____



TRANSACTIONS WILL CONTINUE UNTIL AUTHORIZATION IS REVOKED*

* Transaction will post on or after the date indicated. All transactions will be reflected as coming from PIEDMONT on the monthly bank statement that corresponds with the account identified below. With this authorization, PIEDMONT is not responsible for any fees charged by your financial institution.

PREFERRED DRAFT METHOD

IF BY CHECKING OR SAVINGS, ATTACH A VOIDED CHECK or enter account information in the fields provided

Table with fields for Financial Institution, Routing and Transit/ABA #, Account Type (Checking/Savings), Account #, and Is this a Business account? (Yes/No).

For help identifying your Transit/ABA# and Account #, see reverse side of document for diagram.

I authorize PIEDMONT Payment Services, LLC (PIEDMONT) to perform electronic funds transfer (EFT) debits on a recurring frequency as shown above from the account indicated above, and I authorize my bank to debit the account as described above. I understand that the funds will be used to pay premiums to the NortonLifeLock. I also understand that NortonLifeLock will consider payment unpaid and may terminate services if any EFT attempt is returned/declined resulting in insufficient funds to pay my premiums in full. If any EFT debit is returned/declined by my financial institution as unpaid (non-sufficient funds or uncollected funds), I authorize PIEDMONT to suspend future attempts, and I understand that I will be responsible for future premium payments. I acknowledge and authorize PIEDMONT to increase the amount drafted from my bank account to \$14.00 per month, if my NortonLifeLock benefit plan changes from Retiree Only at \$8.00 per month to Retiree + Family at \$14.00 per month.

PRINT YOUR NAME EXACTLY AS IT APPEARS ON YOUR BANK ACCOUNT: _____

AUTHORIZED SIGNATURE _____ DATE: _____

**This authorization is to remain in full force and effect until PIEDMONT has received written notification of its termination, either from the Customer named on this document or from NortonLifeLock. Notification shall be in such time and in such manner as to afford PIEDMONT a reasonable opportunity to act on it or the until the term of the authorization expires. Any termination notice should be sent to PIEDMONT by mail to: PO Box 940, Fortson, Georgia 31808 or by e-mail with reply requested to: support@piedmontpays.com. By signing this document, I acknowledge that I have read and agree with the Processing Terms and Conditions. If not attached here, a complete copy may be found at http://www.piedmontterms.com



Example

Financial Institution		0000
510 Money St. Anycity, ST. 00000		
□□□□□□□□ □□□□□□□□ □□		
Pay to the Order of		\$ <input type="text"/>
□□ _____		
⌘: XXXXXXXXXX ⌘: 0000 0000		

This is the 9 digit Transit / ABA Bank Routing number.

The Account number is usually to the right of the Routing number. Some Financial Institutions add the check number between the Routing and Account numbers