



**AUTOMATIC PREMIUM PAYMENT
ELECTRONIC FUNDS TRANSFER (EFT)**

I authorize PayFlex Systems USA, Inc. ("PayFlex"), to initiate debit and/or credit entries to the account designated below for payment of my monthly insurance benefit premiums. This agreement will remain in full effect until PayFlex receives written instruction from me to rescind this authorization.

PART 1: PARTICIPANT INFORMATION

Name _____

World Bank UPI _____ Telephone _____

Street Address _____

City, State, Zip Code _____

Signature _____ Date _____

IMPORTANT: You will receive a confirmation letter, with the effective date denoted, once your EFT is set up by PayFlex. Please continue to mail payments until you have received confirmation.

PART 2: FINANCIAL INSTITUTION:

Name of Financial Institution _____

Account Type: Checking Savings Other

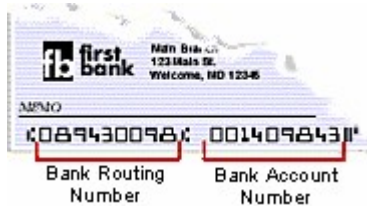
ABA Routing

Number:

Account

Number:

The bank routing number can be found in the lower left hand corner of your check and is usually the first 9 digit number. Your bank account number is usually found next to the routing number, as shown on the illustration below.



Attach a copy of a void check to this form and mail to:

**PAYFLEX SYSTEM USA
BENEFIT BILLING DEPARTMENT
PO BOX 953374
ST. LOUIS MISSOURI 63195-3374**