



**EXHIBIT B**

**AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS**

\_\_\_\_\_ hereby authorizes and requests Presbyterian to initiate and withdraw entries from the account indicated below and the financial institution named below for monthly premium payments required by the Group Subscriber Agreement/Summary Plan Description.

This authorization is to remain in effect until Presbyterian and the financial institution named below are notified in writing. I understand that I have the right to terminate this agreement by notifying my financial institution. However, I understand that prearranged withdrawal entries are the required method of premium payment under the Group Subscriber Agreement/Summary Plan Description.

Name of Financial Institution \_\_\_\_\_

Financial Institution Transit Routing Number (9 digits) \_\_\_\_\_

Name on Financial Institution Account \_\_\_\_\_

Account Number \_\_\_\_\_

Circle Type of Account

Checking

Savings

\_\_\_\_\_  
Signature  
(*must be on Financial Institution Signature Card*)

\_\_\_\_\_  
Date

**YOU MUST ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR FINANCIAL INSTITUTION AND ACCOUNT INFORMATION VERIFICATION.**