

# PRE-AUTHORIZED CHECK (PAC) AUTHORIZATION FORM



**Loyal Christian Benefit Association**  
A Fraternal Benefit Society  
PO Box 13005 • Erie, PA 16514-1305  
800.234.5222 • www.lcballife.org

CERTIFICATE NUMBER(S)	NAME OF PREMIUM PAYOR(S) AS SIGNED ON CHECKS		
BANK OR CREDIT UNION NAME	TRANSIT ABA #	ACCOUNT #	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

**One-Time Debit Option** *(This can be used for one time premium payment for Single Premium Certificates)*

☐ I authorize a one-time debit of \$\_\_\_\_\_ from my account.

**Recurring Debit Option**

☐ I authorize a recurring debit per the modal premium schedule.

**When a debit occurs, you will see on your bank statement that it will be from the  
Originating Company of "Loyal Christian", with a Description of "LCBA-CFP".**

The undersigned authorizes and requests Loyal Christian Benefit Association (LCBA) to effect payment for the premium amount owed on the certificate(s) listed above to LCBA by initiating debit entries to the undersigned's account at the bank listed above either on a modal basis or as a one-time debit, as indicated above. LCBA shall incur no liability by reason of the dishonor of any such debit. If we are charged a fee, we will bill you for that fee. No premium is considered paid until the electronic debit has been accepted by the bank. It is understood that this agreement may be terminated at any time by written notification from either party to the other. Full disclosure concerning electronic fund transactions, error resolution and stop payments can be made available to me by my financial institution. If this authorization pertains to a certificate for which application is pending, the certificate shall not become effective unless and until premium(s) due have been received by LCBA.

X \_\_\_\_\_  
Signature of Premium Payor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email