



6902 Pearl Road, Suite 405, Cleveland, OH 44130
Local 440-842-9922 or 800-788-8146

**SAVE TIME AND ENSURE UNINTERRUPTED*VISION INSURANCE
COVERAGE WITH AUTOMATIC WITHDRAWALS**

Authorization Agreement for Preauthorized Direct Debits

An actual voided check from a valid checking account must be attached for direct debit option.

I authorize Insurance Strategy Inc. / ISI Infinity Group to initiate debit entries to my attached checking account on a monthly basis in the amount of my ISI Infinity Group Vision premium. I understand under this agreement I am responsible for maintaining adequate funds available in my designated financial institutional account on the due date. Funds will be debited on the day I elected below or the next business day when the selected day falls on a weekend or holiday. Returned items for non-sufficient funds (NSF) will be assessed a \$35.00 NSF charge. I understand I have the right to stop debits from my depository Financial Institution for the above mentioned direct debit. If I choose to stop payment, I must notify my depository Financial Institution prior to the next scheduled direct debit transaction date. I must also notify Insurance Strategy Inc. / ISI Infinity Group **in writing** 20 (twenty) days prior to the next scheduled direct debit transaction date. This Authorization is to remain in full force and effect until revoked by me in writing.

*Coverage will remain uninterrupted as long as adequate funds are available in your account

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS FOR VISION SERVICE PLANS

This authorization is to remain in full force and in effect until Insurance Strategy Inc. / ISI Infinity Group has received written notification from me of its termination in such time and in such manner as to afford Insurance Strategy Inc. / ISI Infinity Group a reasonable opportunity to act on it.

Name: _____ (Please Print)	Withdrawn Date: 1 st <input type="checkbox"/>	15 th <input type="checkbox"/>
Address: _____ (Street)	_____ (Suite/Apt/Unit)	
_____ (City, State, Zip)		
Phone #: (_____) _____		
Signature: _____	Date: _____	

PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION

For Internal Use Only: Date Entered: _____ Keyed By: _____