



J.J. STANIS
& COMPANY, INC.

J.J. STANIS AND COMPANY, INC
377 OAK STREET, SUITE 406 GARDEN CITY, NY 11530
PHONE: (516) 465-3900 FAX#: (516) 465-3920 WEBSITE: WWW.JJSTANISCO.COM

REQUEST FOR AUTOMATIC DEDUCTION OF HEALTH INSURANCE PREMIUM

I, _____ request the withdrawal of my monthly _____ Health Insurance
(print your name)

Premium from my (_____ Checking / _____ Savings) account number _____
(select one)

(Bank routing number) (Account number)

with _____ bank, effective _____
(Name of Bank) (Date you want to begin deduction)

My current monthly amount is \$ _____

Note: The amount authorized will be deducted from your account monthly on or about the 1st of each month.

ATTACH A COPY OF A VOIDED CHECK HERE:

Sample Check 0001

DATE _____

PAY TO THE ORDER OF _____

MEMO _____

Routing Number Account Number

123456789 : 0123456789 0001

Amount authorized above will continue to be withdrawn until written notice is received by J. J. Stanis and Company, Inc. indicating a termination date of further withdrawals.

Signature: _____ Date: _____

Member ID Number or Social Security Number: _____

Mailing Address: _____

Phone Number: _____

Mail this form and a copy of a VOIDED check to:

J. J. Stanis and Company, Inc.
Attention: Retiree Billing
377 Oak Street, Suite 406
Garden City, NY 11530