

Payment Management Termination Insurance Plans

Complete the *Payment Management Termination* in ink and retain a copy of the completed form for your records.

This *Payment Management Termination* is for life and health benefits only and does not apply to retirement contributions or other benefits offered through GuideStone®.

1. EMPLOYER/PARTICIPANT INFORMATION

Employer name: _____ Account number: _____

Or

Participant name: _____ Social Security number (last four digits): _____

2. FINANCIAL INSTITUTION INFORMATION

Financial institution name: _____

City: _____ State: _____ ZIP code: _____

Telephone number: (_____) _____ Account number: _____

3. SIGNATURE

I request that GuideStone stop debits to the account at the indicated financial institution. I understand that termination requests received by GuideStone after the first day of the month may not be processed prior to the next debit.

Please print name: _____ Title: _____

Signature: _____ Date: ____/____/____

Return this authorization to: GuideStone
Insurance Operations
5005 LBJ Freeway, Ste. 2200
Dallas, TX 75244-6152

Or you may email it to: Insurance@GuideStone.org

