



8650 College Blvd.
 Overland Park, KS 66210
 800-848-3060
 Email: help@ordp.com
 Fax: (913) 663-9740

DRIVERS PLAN APPLICATION

COMPANY: UTSI COMPANY CODE: USAV

NAME: _____ SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____ SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

EMAIL ADDRESS: _____ Yes! Please send me regular email updates regarding my Open Road Membership.

MOBILE PHONE: (____) _____ Yes! Please send me mobile updates regarding my Open Road Membership.
 I acknowledge standard rates may apply

COVERAGE IS EFFECTIVE BASED UPON RECEIPT OF THE APPLICATION AND INITIAL PAYMENT AT OPEN ROAD DRIVERS PLAN® HOME OFFICE OR BY AUTHORIZED REPRESENTATIVE.

METHOD OF PAYMENT (Choose One):

_____ **1. CREDIT CARD**
 Frequency (Circle One): **\$390.00 Anually** **\$97.50 Quarterly** **\$32.50 Monthly** **\$7.50 Weekly**
 Type (Circle One): **Visa** **A/E** Card #: _____ Exp: Date: _____
 M/C **DSC**

_____ **2. EFT (ELECTRONIC FUNDS TRANSFER) (Circle One):** **\$32.50 Monthly** **\$7.50 Weekly** **Deducted from your checking account.**

X _____ Date: _____
 Signature of Applicant

AUTHORIZATION TO HONOR ELECTRONIC FUNDS TRANSFERS

Gentlemen,

As a convenience to me, I hereby request and authorize you to pay and charge my account by electronic funds transfer payable to the order of OPEN ROAD DRIVERS PLAN® and/or its designate provided there are sufficient funds in my account to pay such electronic transfers, the same as if there were a check drawn on you and signed personally to me. This authority is to remain in effect until revoked by me in writing, and until you receive such notice I agree that you shall be fully protected in honoring any check or electronic transfer.

I further agree that if any such electronic transfer is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such return results in the forfeiture of my OPEN ROAD DRIVERS PLAN® benefits.

Name of Bank: _____

Bank Address: _____

**** Please enclose a check or money order for \$32.50 to provide you with coverage while your Electronic Funds Transfer (EFT) is being processed. If you enclose a money order, please also provide a voided check for bank information.**

X _____ Date: _____
 Signature of Applicant

LEAVE BLANK
Bank Transit Code: _____
Bank Account Number: _____
EFT #: _____

FOR BANK USE ONLY: IDEMNIFICATION AGREEMENT

To the Bank Addressed: In consideration of your honoring preauthorization electronic transfers drawn against depositors of your bank for the payment of the participant's fees to OPEN ROAD DRIVERS PLAN®, Overland Park, Kansas, we agree that no liability or responsibility for contract lapses or otherwise shall attach to your bank as a result of dishonoring such electronic transfers. We shall defend any action brought against you by any of your depositors or any other person because of your compliance with this Preauthorized Transfer Plan of collecting participant fees.

REPRESENTATIVE _____ DATE _____ PURCHASED STATE _____

FOR OFFICE USE ONLY
 EFF DATE _____