

Pre-Authorized Check (PAC) Authorization Form

Please Check Appropriate Box(es):

New Applications Only

- ☐ This form is being submitted with a new business application to set up monthly bank drafts
- ☐ By checking this box, I authorize Fidelity & Guaranty Life Insurance Company to draft any premium due upon approval of my application.
- ☐ I am requesting that my draft date and policy effective date be set up for: _____
- Valid draft dates are the 1st through 14th or 16th through 28th.
 - If no draft date is elected, the draft date will be the same as the policy effective date.
 - If a draft date is elected, the policy effective date will be the same as the requested draft date.

To Change Banking Information For An Existing Policy

- ☐ This form is being submitted to change banking information on my existing policy (*complete information below*)
- Policy Number: _____ Insured's Name: _____ Owner (if different): _____
- Policy Number: _____ Insured's Name: _____ Owner (if different): _____
- ☐ This form is being submitted to change the Payor of the above mentioned policy. (*Owner and new Payor must sign below*)

Important: If the Payor of the policy is a business or corporation, please include a signed and dated letter on company letterhead stating that the person signing as Payor below has authorization to sign on behalf of the business or corporation.

Please provide banking information below.

Routing and Account numbers MUST be taken from a check and not a deposit slip.

Financial Institution

Name of Financial Institution

Type of Account

☐ Checking ☐ Savings

Routing Number

Account Number

I authorize the payment of debits drawn on my account payable Fidelity & Guaranty Life Insurance Company, provided there are sufficient funds in said account. I agree that if any debit be dishonored, Fidelity & Guaranty Life Insurance Company has the right to debit my account the following month for the dishonored debit as well as the scheduled debit for that month. I further agree that if any debit be dishonored, Fidelity & Guaranty Life Insurance Company shall be under no liability in the event the dishonored debit results in the forfeiture of insurance. The authority shall remain in effect until revoked by me in writing and until Fidelity & Guaranty Life Insurance Company actually receives such notice of revocation.

Payor/Account Holder (Print as it appears on Bank Records)

Signature

Date

Payor's Relationship to Insured: _____

Policy Owner (Print)

Signature

Date

Fidelity & Guaranty Life Insurance Company
Service Center
777 Research Drive
Lincoln, NE 68521 (888) 513-8797

Completed form may be sent via facsimile
Attention Policyholder Services
(800) 281-5777

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