



L-1683

ELECTRONIC FUND TRANSFER AUTHORIZATION

Any incomplete forms will be returned unprocessed. If your request is not in good order, how would you like us to notify you?

Call me at _____ or Email me at _____

Insured's Name	Owner's Name	Policy Number or Application Date (If new application)	Premium Amount	Loan Repayment Amount	Total Withdrawal Amount

Select Payment Frequency and Timing

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Withdrawal Day of the Month (1st – 28th only): _____ Beginning: _____ (MM/YY)

Please note: If a specific day of the month is not indicated, the policy issue date will be used to determine timing. Selecting a withdrawal day of the month that is after the monthly Policy Date may initially result in deductions to pay both the current month and the next month premiums.

Payment Option 1: ☐ Deduct the **first and future** premium payments. (The first deduction will occur on or after the policy date and then at the intervals selected above.) (New Applicants Only)

Payment Option 2: ☐ Deduct the **future** premium payments only. (The initial premium payment is to be made by check. Premium is due on or before the due date (Policy Date).)

Premium is due by the monthly Policy Date, and all applicable grace periods are based on that date and not the withdrawal date. **In addition, if your policy is not paid current upon the Company's receipt of this form (including any required supplemental documentation) in good order as determined by the Company, premium for a prior month(s) may be withdrawn and this could result in multiple payment withdrawals from the account. Please contact our office to ensure your policy is paid current and/or if you have questions about the due date of your policy.**

Financial Institution Information

Account Type: (If the account is a business account, please complete our Certification of Business Signing Authority (form O-2927). For Trust Accounts, please complete our Certification of Trust Agreement (form L-3172A).

☐ Checking - A voided check with a pre-printed name or printed EFT directions from your financial institution is recommended. Deposit slips are not accepted.

☐ Savings - A letter from your financial institution, signed by a bank officer, listing the account holder name, account number, and routing number is required.

Bank Name: _____

Bank Account Holder(s) Name(s) (Include all applicable names): _____

Routing Number: _____ Account Number: _____

Please be sure to complete all pages and sign and date the form.

Policy Number or Application Date (if new application)

AGREEMENT, AUTHORIZATION, AND SIGNATURE(S):

PLEASE READ CAREFULLY

As a convenience to me (us), I (we) authorize the Company to make electronic fund transfers from my (our) account as designated on this form. By signing below, I (we) understand and agree that:

- I (We) acknowledge that this form must be completed in full and signed and that failure to complete any portion of this form may delay the processing of the request and any required premium payment.
- If I (we) submit a request to change my (our) EFT information, including but not limited to my (our) banking information or premium contribution amount, and the form is not in good order or lacks supplemental documentation the Company requires to process, the Company will cancel any previous existing EFT authorization and place the policy on a quarterly direct bill until the new request has been submitted complete and in good order and the updates have been processed by us.
- A pre-notification will not be sent prior to the withdrawal being made.
- If a policy on EFT enters a contractual grace period (whether due to insufficient premium or non-payment of loan interest), the Company will cancel any EFT authorization in effect, place this policy on quarterly direct bill and send this bill to the owner's last known address of record, along with an applicable grace period notice specifying the required premium to be paid.
- For automatic recurring premiums, the Company reserves the right to allocate premiums to this policy on a consistent day of the month even if that day is not a business day.
- If a withdrawal request is not honored by the financial institution, the Company will not consider the payment to be made. The Company may, in its sole discretion, resubmit the withdrawal request to the financial institution.
- I (we) may cancel the authorization at any time by giving the Company prior verbal or written notification at least three business days preceding the scheduled date of the withdrawal.
- I (we) may modify this Agreement by authorizing the Company to make preauthorized electronic funds transfers from any other bank account that I so designate, in writing. A new Electronic Funds Transfer Authorization, along with any necessary supplemental documentation, will be required.
- Under this agreement, I have 60 days from the date of any withdrawal to notify the Company of any errors related to any such withdrawal.
- Except as required by the Electronic Funds Transfer Act and Regulation E, the Company will not be liable for any exemplary, special, consequential, punitive, indirect, or incidental damages, regardless of whether any claim is based on contract or whether any such damages were foreseeable.
- The Company, in its sole discretion, reserves the right to remove any policy from the electronic funds transfer premium payment arrangement at any time. The payment frequency on a direct bill basis may be changed to quarterly or another less frequent mode.
- This Authorization will remain in effect until I (we) notify the Company or financial institution to terminate and the Company or the financial institution has a reasonable time to act on the termination.
- I (we) hereby terminate any prior Authorization of the Company to charge this account, effective the date on which the completed form is received by the Company.
- I (we) request and authorize the Company to obtain payment of amounts becoming due it or amounts as scheduled and requested by the policy owner / payor by initiating charges to my (our) account in the form of checks, drafts, share drafts, or electronic debit entries, and I (we) request and authorize the financial institution named above to accept and honor the same and charge the same to my (our) account.
- This Authorization will become effective only upon acceptance by the Company at the address shown below. The Company reserves the right to discontinue this program at any time.

Please be sure to complete all pages and sign and date the form.

X _____
Bank Account Owner Signature Date (month/day/year)

X _____
Joint Bank Account Owner Signature Date (month/day/year)

**Please include a voided check
rather than a deposit form as the
routing numbers may be different.**

Please do not staple.