



ASSURED LIFE ASSOCIATION

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ELECTRONIC FUNDS TRANSFER AUTHORIZATION

REQUEST FOR PREAUTHORIZED WITHDRAWAL OR A CHANGE TO AN EXISTING EFT

- Start New Deduction
Changed Banks - New Routing and/or Account Number
Add to Existing EFT Certificate Number

I hereby authorize Assured Life Association to make withdrawals from my account for the purpose of paying insurance premiums on the certificates listed:

Table with 2 columns: Depositor Information and Financial Institution Information. Rows include Depositor Name, Mailing Address, Telephone Number, and Depositor Account Number.

Check one: [] Checking [] Savings. For a checking account, please attach a voided check. For a savings account, please ask your financial institution to verify that this EFT will be accepted...

Table with 4 columns: Certificate Number (If Issued), Amount, Certificate Number (If Issued), Amount. Three empty rows for data entry.

Please withdraw a total of \$ _____ on the 1 5 10 15 20 25 30 of each Month. (Circle one of the above)

This authorization will not apply to an alternate or additional certificate until the alternate or additional certificate has been delivered and the initial premium is settled. Notification of EFT withdrawal should be received in writing by Assured Life Association at least five (5) days prior to the date of the withdrawal.

I agree that the withdrawals on such Financial Institution shall constitute due notice of premiums being due upon the certificate. The withdrawals reflected on my bank statement will constitute a receipt. This authorization is revocable only upon receipt by Assured Life Association of a written notice of revocation.

Date _____

X _____ X _____
Name of Depositor (please print) Signature Exactly as it appears on the bank signature card

X _____ X _____
Name of Co-signer (please print) Signature of Co-Signer (if applicable)