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WWW.ASSUREDLIFE.ORG

## 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:

Depositor Name (First, MI, Last)	Financial Institution Name
Mailing Address of Depositor	Financial Institution Address
Telephone Number of Depositor	Telephone Number of Financial Institution
Depositor Account Number	Transit Routing Number
Check one:  Checking For a checking account	nt, please attach a voided check

check one:

□ 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 and that the above information is correct. This verification is necessary as not all financial institutions will acknowledge an EFT debit to a savings account, and their routing numbers may differ from the one seen on a deposit slip.

Certificate Number (If Issued)	Amount	Certificate Number (If Issued)	Amount

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. This change must be signed by the certificate owner or payor. No changes to EFT withdrawals can be made over the phone.

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. I understand that if any account withdrawal is not paid upon presentation and any premiums due on the certificate are not paid within the time stipulated in the certificate, insurance coverage may lapse or may be terminated by Assured Life Association. Date

Х	X
Name of Depositor (please print)	Signature Exactly as it appears on the bank signature card
Χ	X
Name of Co-signer (please print)	Signature of Co-Signer (if applicable)