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WWW.ASSUREDLIFE.ORG

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

REQUEST FOR PREAUTHORIZED WITHDRAWAL OR A CHANGE TO AN EXISTING EFT

 □ Changed Banks – New Routing and/or Account Number □ Add to Existing EFT Certificate Number 					
□ Add to Exi	sting Er i Certilicate	e Number			
	ize Assured Life Ass ne certificates listed:		vals from my account for the purpose	of paying insurance	
Depositor Name (First, MI, Last)			Financial Institution Name		
Mailing Address of Depositor			Financial Institution Address		
4					
Telephone Number of Depositor			Telephone Number of Financial Institution		
Depositor Account Number			Transit Routing Number		
			. Tanlott Housing Humbol		
	= Charling	Fan a shaakina a a a a sant	where attack a welded about		
Check one:	Check one: Checking For a checking account, please attach a voided check Savings 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	g numbers may differ from the one se	en on a deposit slip.	
Certificate N	umber (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 authorizati	ion will not apply to	an alternate or additional	certificate until the alternate or addi-	tional certificate has been	
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 chan	iges to EFT withdray	vals can be made over the	phone.		
I agree that th	e withdrawals on s	uch Financial Institution	shall constitute due notice of premi	iums 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.					
modrance cove	rage may lapse of m	lay be terminated by 7.030	Date		
V		,			
Name of Depos	sitor (please print)	 Signati	X ure Exactly as it appears on the bank	signature card	
Χ	gner (please print)	>	XSignature of Co-Signer (if	applicable)	
Name of Carrie			SIGNALUTE OF CO-SIGNER OF	acconcacner	