



## Authorization to Pay Life Insurance Premium by Bank Withdrawal

Policy Owner/Premium Payer: \_\_\_\_\_

Joint Owner/Payer (if applicable): \_\_\_\_\_

Premium Payer Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

1<sup>st</sup> Insured's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

2<sup>nd</sup> Insured's Name (if applicable): \_\_\_\_\_ Policy #: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

3<sup>rd</sup> Insured's Name (if applicable): \_\_\_\_\_ Policy #: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

4<sup>th</sup> Insured's Name (if applicable): \_\_\_\_\_ Policy #: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

5<sup>th</sup> Insured's Name (if applicable): \_\_\_\_\_ Policy #: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

I (we) authorize premium payment(s) on my above indicated life insurance policy(ies) to be withdrawn by Electronic Funds Transfer (EFT) on the following basis:

Initial premium EFT payment upon issuing of the life insurance policy (otherwise submit check with application)

and/or

Ongoing premium EFT payments as indicated (choose one):

Annually  Semi-Annually  Quarterly  Monthly (must be at least \$8.00)

I authorize American Savings Life Insurance Company (ASL) to withdraw my above indicated premium(s) amount(s) by Electronic Funds Transfer (EFT). I also authorize ASL to initiate debit entries, and if necessary, initiate credit entries and/or adjustments for any debit entries made in error, to my account at the Financial Institution listed below. This authority is to remain in full force and effect until ASL has received written notification from me of its termination, allowing ASL at least ten days prior to the scheduled withdrawal date. I understand that it is my responsibility to notify ASL in writing, at least 10 days prior to the scheduled withdrawal date, if I change banks or account numbers, or wish to cancel this draft for any reason.

### Financial Institution Account Information

Name(s) on Financial Institution Account: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institutions Routing Number: \_\_\_\_\_

Financial Institutions Account Number: \_\_\_\_\_

### Authorization and Acknowledgement

Owner Signature: **X** \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature (if applicable): \_\_\_\_\_ Date \_\_\_\_\_

### Attachment

Include a voided check or documentation from your financial institution verifying routing and account numbers.