



Authorization to Withdraw Premium Payments by Electronic Funds Transfer

Policy Owner: _____

Joint Owner (if applicable): _____

Premium Payer's Phone #: _____ Email: _____

1st Insured's Name: _____ Policy #: _____ Premium: \$ _____

2nd Insured's Name (if applicable): _____ Policy #: _____ Premium: \$ _____

3rd Insured's Name (if applicable): _____ Policy #: _____ Premium: \$ _____

4th Insured's Name (if applicable): _____ Policy #: _____ Premium: \$ _____

5th 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I (we) authorize premium payment(s) on my above indicated life insurance policy(ies) to be withdrawn by Electronic Funds Transfer (EFT) on the following basis: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 below (premiums must be greater than \$25 to choose other than Annually):

Choose one: Annually Semi-Annually Quarterly Monthly

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's Signature: X _____ Date _____

Joint Owner's Signature (if applicable): _____ Date _____

Attachment

Include either a Voided Check or documentation from your financial institution verifying routing and account numbers.