



Authorization for Advance Premium Deposit (APD) Account Electronic Funds Transfer

Policy Owner: _____

Joint Owner (if applicable): _____

Premium Payer's Phone #: _____ Email: _____

Advance Premium Deposit Account #: _____

I (we) authorize deposit payment(s) to my above indicated Advance Premium Deposit (APD) account to be withdrawn by Electronic Funds Transfer (EFT) on the following basis:

Choose one: One-time Deposit Monthly Quarterly Semi-Annually Annually

Deposit amount: \$ _____

I authorize American Savings Life Insurance Company (ASL) to withdrawal my above indicated deposit amounts by Electronic Funds Transfer (EFT). I also authorized 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

Financial Institution Name: _____

Financial Institutions Routing Number: _____

Financial Institutions Account Number: _____

Name(s) on Financial Institution Account: _____

Authorization and Acknowledgement

Account Owner's Signature: X _____ Date _____

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

Attachment

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