



ELECTRONIC FUNDS TRANSFER (EFT) DEBIT AUTHORIZATION

For Life Insurance Premiums

Premiums on your life insurance certificate may be paid electronically if your financial institution is a member of the National Clearing House Association (NACHA). Electronic Funds Transfer is the fast, easy, and safe way to pay your FCSLA premiums. Please allow up to two months to process this enrollment request before automatic premium payments begin.

Your Information : Name (print): _____

Address: _____

<p>Your FCSLA Certificate Information :</p> <p>Certificate Number: <i>(leave blank if new application)</i> _____</p> <p>Payment Transfer Day :</p> <p><input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th</p> <p>Payment Frequency :</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually</p> <p><input type="checkbox"/> Quarterly <input type="checkbox"/> Annually</p>	<p>Your Bank Information :</p> <p>Bank Name (print) _____</p> <table border="1" data-bbox="857 1060 1255 1134"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>Bank Routing Number</p> <table border="1" data-bbox="857 1171 1414 1245"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>Bank Account Number</p> <p><input type="checkbox"/> Checking (Att. voided check) <input type="checkbox"/> Savings (Att. deposit slip)</p>																										

Yes, enroll me in FCSLA's EFT to pay my premiums!

Authorized signature(s) () - _____
Phone Number Date

I authorize FCSLA to electronically transfer funds from my account identified above, to pay premiums due on my life insurance certificate on the dates indicated above. If my scheduled day is not a business day, I understand that my request will post on the following business day. I understand that sufficient funds must be kept in my account to cover these premiums. I understand that I may cancel or change this authorization by mailing written notice to FCSLA. FCSLA reserves the right to refuse or terminate automated deposit services.

Attach a VOIDED blank check and return this form to the Home Office.

Any questions, please call the Billing Department at extension 1067. misc/EFTlifebillingReqFormBlank