

Securico Life Insurance Company

6911 North RR 620, Ste A-300 | Austin, TX | 78732 855.877.5433 | securicolife.com

Premium

Electronic Funds Transfer Authorization

As a convenience to me, I hereby request and authorize Securico Life Insurance Company to withdraw the amount of premium payable from my account. I understand that the electronic funds transfer (EFT) will occur from my account each month on the date that I specify on this application.

Please attach a voided check if using a checking account. Do not use a deposit slip for a savings or checking account. Please verify the bank routing number and account information with your financial institution.

Policy Number(s)

Type of account: Savings Checking			\$
Bank Routing Number			\$
Account Number			\$
Bank Name			\$
Branch Address			\$
Effective Date: Social Security Billing Date (or 1-28 if not on Social Secu	ırity):		
Account holder Signature		Phone	
Street address	City/State	Zip	· · · · · · · · · · · · · · · · · · ·
Co-Account holder Signature		Phone	
Policyowner Signature (If other than Account Holder)	Policyholder Email		

CONDITIONS OF EFT AGREEMENT

Name of account holder as shown on bank record:

- Your receipt for premium payments is your bank statement.
- The EFT plan will be terminated if two premiums are returned in a 12-month period. Consequently, the policy will
- be directly billed. The customer may request EFT again after the policy(ies) have been on direct bill for one year.
- Other instances when the EFT Plan will be terminated:
 - If the bank declines payment.
 - o If the account is closed for any reason
 - The policy owner or account holder(s) calls the Home Office at 855-877-5433, or sends written notification to Securico ife at the address above. The request to stop or change the EFT Plan must be received at the Home Office at least three business days before the next draft date. Please send written notification to ATTN: Billing and Collections.

In any event of termination of your EFT Plan, Securico Life will mail written notice to the last known address of the owner of the policy(ies).