

Electronic Funds Transfer

I hereby request and authorize the withdrawal of funds from the bank account named below for premiums or other contract payments until revoked by me in writing or until the policy is paid in full. I understand that my payment will be withdrawn on or about the same day as my chosen withdrawal date and that multiple withdrawals will be taken from my account if my contract is not paid current when the withdrawals are scheduled to begin. Further, I am aware that if any charge to my account is dishonored, for any reason, the company shall have no liability whatsoever, even if such dishonor results in the forfeiture of the insurance contract.

The Insured	Insured's Name			y Number(s)	
	1_, , ,,,,		. ,		
Bank Information	Please note that a void check must be returned with this request in order to Account Type: □ Checking □ Savings Name of Bank			urate and timely processing.	
	Routing Number	Account Num	Account Number		
Account Holder Name		Account Hold	Account Holder 2 Name (if applicable)		
Account Holder Addres	S City	State	Zip	Telephone Number	
YOUR NAME ADDRESS CITY, ST ZIP Pay to the Order of BANK NAME ADDRESS CITY, ST ZIP Routing Number Account Number FOR 1:0000 E 7 B 9 41: 12 3 4 5 E 7 B 11 0 1 4 5			Example of a standard check NOTE: The routing and account numbers may be in different places on your check. Do not use the numbers from a deposit slip.		
□ Please withdraw my premium on its regular due date. □ Please withdraw my premium on theof the month. (Withdrawals available 1st-28th of the month only)					
☐ I am aware that I have past due premiums and would like you to make the necessary immediate multiple withdrawals from this account until my contract is paid current.					
Printed Name of Accou	nt Holder	Signature of Account Holder		Date (mm/dd/yy)	

For assistance with this form, please call 1-800-533-2220

Please scan and return your completed, signed form to us by

Email: psdocuments@trustage.com

Fax: 1-605-719-0601

This form may be used for business underwritten or administered by American Memorial Life Insurance Company or Union Security Insurance Company, part of the TruStage Financial Group, Inc.

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