

ELECTRONIC FUNDS TRANSFER AUTHORIZATION – Request for Preauthorized Withdrawal
Policyholder Name: _____ **Policy #:** _____

Accountholder Name (if different) _____

I authorize Liberty Bankers Life Insurance Company to withdraw funds from my account for the initial and/or renewal premiums due and request that my financial institution honor the preauthorized electronic funds transfers. Premium variances may occur for various reasons and I understand that premium amounts may differ. I agree that the Institution's rights shall be the same as if it were a check drawn and signed by me and withdrawals reflected on my bank statement constitute a receipt. I further agree that if any withdrawal fails or is disallowed, neither the Institution nor Liberty Bankers Life Insurance Company or its Affiliates shall be under any liability whatsoever.

I understand that if any account withdrawal is not paid upon presentation and any premiums due on the policy are not paid within the time stipulated in the contract, insurance coverage may lapse or may be terminated. This authorization shall continue until I provide you notification at least ten (10) business days prior to the next withdrawal date.

PREMIUM BILLING AND DRAFT DATE SELECTION

Custom draft dates are available. However, **for the policyholder's protection and the integrity of the policy, we strongly recommend preserving the draft date that coincides with the policy effective date.**

If a draft date other than the effective date is selected, please note the following:

- Consumer protections such as the policy grace period and timely communication are based on the premium due date, not the date the premium is paid.
- The ongoing premium due date coincides with the same date of the month as the effective date. For example, if the effective date is June 15th, the policy premium is due on the 15th of each month.
- Recurring premiums are drafted in the month in which they become due. This means any draft date other than the effective date will occur either before or after the actual due date.

For example, if the premium due date is the 15th and you choose a draft date of the 5th, your payment occurs 10 days early. If you choose a draft date of the 27th, your payment occurs 12 days into the 31-day grace period.

Custom Draft Date: Please withdraw the premium on the ____ of the month (1-28).

*If a custom draft date is not selected, the draft date will remain the date that coincides with the effective date.

Mode: Monthly Quarterly Semi-Annual Annual

* If a mode is not selected, the mode will default to Monthly.

Check one: Checking To ensure accuracy, please attach a voided check.

Savings For a savings account, please ask your financial institution to verify that this EFT will be accepted and that the information below is correct for this request.

This verification is necessary as not all financial institutions will acknowledge EFT debits from a savings account.

FOR _____ ⑆0000000000⑆ 0000000000 ⑆ 24,00 ⑆ <small>Routing Number Account Number Check Number</small>

Financial Institution Name:

Financial Institution Address:

Financial Institution Phone #:

Transit Routing # (from left side of check):

Account # (from right side of check):

Accountholder Name (Print):

Accountholder Relationship to Insured:

Accountholder Address:

Accountholder Phone #:

 X _____
 Authorized Signature as Shown on Account

 _____ / _____ / _____
 Date