



# financial life insurance

200 N. Martingale Rd., Ste. 405  
Schaumburg, IL 60173  
847-342-4500  
info@1891FinancialLife.com  
www.1891FinancialLife.com

## PAYMENT AUTHORIZATION

### ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT / DEBIT CARD

Please type or print – 1891 Financial Life Insurance is not responsible for drafts which are not honored.

Payer's Full Name: \_\_\_\_\_

Address / Apt. No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

**THIS AGREEMENT AUTHORIZES:** I would like to pay my initial payment:  EFT  Credit Card

I would like to pay my subsequent payments:  EFT  Credit Card

I have a:  Change in Existing Account  Loan Payment: \$ \_\_\_\_\_

**PAYMENT FREQUENCY:**  Monthly  Quarterly  Semi-Annually  Annually  1-Time Payment \$ \_\_\_\_\_

I prefer my premium payment to be drafted on this date: \_\_\_\_\_ (must be on or before effective date)

**Dates NOT available for premium payment: 29th – 30th – 31st**



The premium will be automatically drafted each billing cycle on the date you choose. No notice will be sent when drafted.

**CERTIFICATE INFORMATION:** Insured Name (please print) \_\_\_\_\_ Certificate Number (if existing account) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### EFT Information

EFT Checking  EFT Savings **Please Attach A Copy of a Voided Check to Verify Account Number Accuracy**

FOR Routing Number Account Number  
   
ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_  
BANK / BRANCH NAME \_\_\_\_\_ BANK PHONE NO. \_\_\_\_\_

#### Credit / Debit Card Information

Visa  Mastercard  Amex  Discover If a debit, the card must have a credit card icon.

CARD NUMBER \_\_\_\_\_ CARD EXP. DATE \_\_\_\_\_ CSV NUMBER (3 DIGITS ON BACK OF CARD) \_\_\_\_\_

PAYER'S BILLING ADDRESS / APT. NO. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

#### Authorization Agreement

I authorize 1891 Financial Life Insurance to withdraw funds from my checking/savings account or credit card, identified in this form, to pay premiums on my life insurance policy. This authorization will remain in effect until 1891 Financial Life Insurance has received a signed and dated written request from me to terminate this agreement – or if 1891 Financial Life Insurance is notified by my institution that a draft has not been honored.

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Frequently Asked Questions

### 1) What happens if my financial institution does not honor a withdrawal?

Premium payments are necessary to keep your certificate in force; therefore, if your financial institution does not honor a withdrawal, you will be required to send us a replacement payment before we will put you back on the EFT plan.

If *two* withdrawals are not honored, you will be ineligible for the EFT plan and will be required to submit monthly payments via check or money order.

### 2) How can I cancel the EFT or credit card agreement?

Submit your signed and dated request ***one month*** prior to the date you want the draw to end.

- a) **MAIL:** 1891 Financial Life Insurance EFT Processing  
200 N. Martingale Rd., Ste. 405  
Schaumburg, IL 60173
- b) **FAX:** 847-342-4556
- c) **EMAIL:** info@1891FinancialLife.com