



1891 financial life

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

1891 Financial Life is authorized to conduct business in CA, CO, IL, IN, IA, KS, MI, MN, MO, MT, NE, ND, OH, OR, SD, WA, WI.
DBA Oregon: **1891 Financial Life Insurance**. DBA California: **1891 Financial Life, A Fraternal Benefit Society**.

CHANGE OF PAYMENT AUTHORIZATION

ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT / DEBIT CARD

Please type or print – 1891 Financial Life 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 subsequent payments: EFT Credit Card
I have a: Change in Existing Account Loan Payment: \$ _____

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

*The premium will be automatically drafted each billing cycle, with the exception of the 29th, 30th, and 31st.
No notice will be sent when drafted.*

CERTIFICATE INFORMATION: Insured Name (please print) _____ Certificate Number _____

EFT Information

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

FOR Routing Number _____ Account Number _____
I: 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 _____ CVV/CSV (3 DIGITS ON BACK OF CARD) _____

Authorization

I (we) request and authorize 1891 Financial Life ("the Organization") to obtain premium payment of amounts becoming due the Organization or amounts as scheduled and requested by the policyowner/payer by initiating charges to my (our) account in the form of checks, drafts, share drafts, or electronic debit entries, credit card and I (we) request and authorize the financial institution named above to accept and honor the same and charge the same to my (our) account. This Authorization will remain in effect until I (we) notify the Organization or financial institution in writing to terminate and the Organization or the financial institution has a reasonable time to act on the termination. 1891 Financial Life reserves the right to correct errors when discovered and discontinue this program at any time.

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 by mail **one month** prior to the date you want the draw to end.

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ATTN: EFT Processing
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