



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: \$ _____

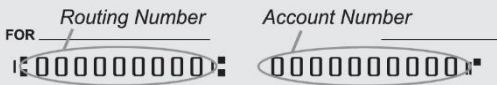
PAYMENT FREQUENCY: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ 1-Time Payment \$ _____

*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 <i>(please print)</i>	Certificate Number
_____	_____
_____	_____
_____	_____
_____	_____

EFT Information

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

	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/payor 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.

1891 Financial Life
ATTN: EFT Processing
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