ASSURANCE

FINAL EXPENSE LIFE INSURANCE

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

POLICY NUMBER:	BANK ACCOUNT TYPE: ❑ CHECKING ❑ SAVINGS

BANK ACCOUNT OWNER NAME

❑ SAME AS INSURED ❑ SAME AS POLICY OWNER or PRINT NAME:

BANK ACCOUNT OWNER ADDRESS		RELATIONSHIP TO INSURED
BANK NAME	ROUTING NUMBER	BANK ACCOUNT NUMBER

SELECT ONE OF THE FOLLOWING ONLY IF YOU WANT TO CHANGE YOUR PAYMENT FREQUENCY:

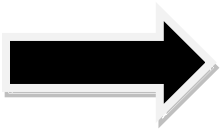
❑MONTHLY ❑QUARTERLY ❑SEMI-ANNUALLY ❑ ANNUALLY

Use this section if you would like to request that we draft premium payments from your bank account on a specific date. If blank, the draft date will be the premium due date.

Draft date request (between the 1st and 28th):_____OR ❑ 2ND WEDNESDAY ❑3RD WEDNESDAY ❑ 4TH WEDNESDAY

For checking accounts, attach a voided check over this section. For savings accounts, attach a bank account statement. DO NOT ATTACH A DEPOSIT SLIP. A deposit slip may delay processing.

Refer to this diagram for instructions on where to locate your bank routing and account numbers.



Your Name
Your Address

-VOID-

Routing Number 123456789 Account Number 1234567

I have read, understand and agree to the following: I authorize Christian Fidelity Life Insurance Company to electronically debit all premiums (at the rate for the payment frequency selected), including any past due premiums, from the bank account identified above. This authorization may be terminated by me or by Christian Fidelity Life. I may revoke this authorization by written notice to Christian Fidelity Life or by calling (866) 641-9999. If this authorization is revoked, Christian Fidelity Life will initiate quarterly paper billings. Christian Fidelity Life will NOT consider my premium paid if my bank does not honor an EFT request. If a bank return is received due to insufficient funds, Christian Fidelity Life will attempt a second draft from your bank account immediately upon notice of the first return. Any bank fees incurred due to bank returns will not be reimbursed by Christian Fidelity Life.

- **Requesting a specific draft date does NOT change my premium due date or extend the grace period provided by the policy.**
- **Christian Fidelity Life will NOT consider my premium paid if my bank does not honor an EFT request.**
- **If I request a draft date later than my due date, I increase the risk that my policy will lapse. If my bank does not honor an EFT request, I may not have time to provide an alternate form of payment before the grace period expires.**

IF THE POLICY OWNER IS NOT THE OWNER OF THE BANK ACCOUNT IDENTIFIED ABOVE, THEN THE BANK ACCOUNT OWNER MUST ALSO SIGN THIS FORM.

_____ _____

Signature – Policy Owner Date Signature – Bank Account Owner Date

Christian Fidelity Life Mailing Address and Contact Information						
Regular mail or overnight	**Marketing**		**New Business**		**Existing Policies**	
2721 North Central Avenue, Phoenix, AZ 85004	Phone	800-308-2318	Phone	866-641-9999	Phone	866-641-9999
	Fax	866-380-9691	Fax	877-584-2777	Fax	877-584-2777
	E-Mail	marketing@oxfordlife.com	E-Mail	fastapps@oxfordlife.com	E-Mail	oxfordphs@oxfordlife.com