

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

POLICY NUMBER:		BANK ACCOUNT TYPE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
BANK ACCOUNT OWNER NAME <input type="checkbox"/> SAME AS INSURED <input type="checkbox"/> 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: <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> 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 1 st and 28 th): _____ OR <input type="checkbox"/> 2 ND WEDNESDAY <input type="checkbox"/> 3 RD WEDNESDAY <input type="checkbox"/> 4 TH 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	Account Number
123456789	1234567

I have read, understand and agree to the following: I authorize Oxford 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 Oxford Life. I may revoke this authorization by written notice to Oxford Life or by calling (866) 641-9999. If this authorization is revoked, Oxford Life will initiate quarterly paper billings. Oxford 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, Oxford 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 Oxford Life.

- **Requesting a specific draft date does NOT change my premium due date or extend the grace period provided by the policy.**
- **Oxford 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

Oxford 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
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