OXFORD®
LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT

ELECTRONIC FUNDS TRANSER FORM

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

POLICY NUMBER:	BANK ACCOUNT TYPE: ❑ CHECKING ❑ SAVINGS

BANK ACCOUNT OWNER NAME

❑ SAME AS INSURED 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

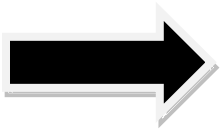
Use this section if you would like to request that we draft premium payments from your bank account on a specific date. If blank, the draft date will be the premium due date.

Draft date request (between the 1st and 28th):_____

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 Oxford Life Insurance Company to electronically debit all premiums (at the then-current 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 INSURED IS NOT THE OWNER OF THE BANK ACCOUNT IDENTIFIED ABOVE, THEN THE BANK ACCOUNT OWNER MUST ALSO SIGN THIS FORM.

_____ _____

Signature – Insured 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	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