



MEDICARE SUPPLEMENT

ELECTRONIC FUNDS TRANSFER FORM

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 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): _____			

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 North American 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 North American. I may revoke this authorization by written notice to North American or by calling (866) 641-9999. If this authorization is revoked, North American will initiate quarterly paper billings. North American 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, North American 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 North American.

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

North American Insurance Company 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