

Authorization for Electronic Funds Transfer EFT/ACH

This form is intended as authorization to debit your account for our Bank Service Plan.



How to Sign Up

1. Complete the form below, making sure to write your name as shown on your account. Be sure to retain a copy of this form in a secure place.
2. Attach a voided check; we'll use the account number on your check to put your electronic transfer of funds into effect. So it's important your check is from the account you want your payments withdrawn.
3. Return your completed Authorization Form and voided check with your completed enrollment form in the envelope provided.

Each month, a preauthorized withdrawal is prepared for the exact amount of the premium and is sent to your financial institution. The amount of the preauthorized withdrawal is deducted from your account balance and will appear on your bank statement. The preauthorized withdrawal will be sent to your financial institution on the specified day, and your premium is paid until the next month when the process is repeated.

It's that simple – so sign up today to make your insurance payments the modern, convenient way.

Detach Here and Return With Your Check

1. **List the policy I.D. number of the Mutual of Omaha / United of Omaha coverage(s) to be paid from account withdrawal:**

Group Policyholder Information

Group Name Toledo Electrical Welfare Fund City _____ State _____
Group ID # _____ **Voluntary Term Life**

Employee Information

First Name _____ MI _____ Last Name _____
Street Address _____ City _____ State _____ Zip Code _____
Phone Number () _____

2. **Complete the account information below and attach a voided check**

Account Type (check one) **Checking** **Savings**

Name of Financial Institution _____
Routing Number (first 9 digits on lower left side of check) _____
Account Number _____
Name as Shown on Account _____

3. **Select the date premiums will be withdrawn each month:** **1st** **15th**

4. **Sign the Authorization and attach your voided check from the account premiums will be withdrawn.**

Authorization to withdraw funds by Mutual of Omaha Insurance Company, and/ or United of Omaha Life Insurance Company

As a convenience to me, I authorize you, my financial institution, to pay from my account any checks, drafts, or preauthorized electronic fund transfers from my account to the appropriate Company(ies) listed above. Your rights with each charge will be the same as if personally paid by me. This authorization will be effective until I give you at least three business days' notice to cancel it. If notice is given verbally, you may require written confirmation from me within 14 days after my verbal notice.

Date

Authorized Signature as Shown on Account