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Milwaukee WI 53201-3211

414-273-6266 Telephone
414-223-3201 Fax
800-927-2547 Toll-Free
catholicfinanciallife.org

For overnight delivery use 1100 West Wells Street, Milwaukee, WI 53233

Electronic Funds Transfer Plan Authorization for Premium Withdrawal

Instructions

- 1.) Please complete the following form to change the account where money is withdrawn to pay premiums on Catholic Financial Life certificates.

After completing, please print the form for your dated signature.

- 2.) When returning the form, **please include a blank, voided check or deposit slip.** The paperwork can then be submitted by:
- a. Mailing to Catholic Financial Life at the above address.
 - b. Faxing to: (414) 223-3201.
 - c. Emailing to service@catholicfinanciallife.org (along with the voided check or deposit slip).

Certificate Number: _____ Insured: _____

Certificate Number: _____ Insured: _____

Certificate Number: _____ Insured: _____

Certificate Number: _____ Insured: _____

I/We hereby request and authorize CATHOLIC FINANCIAL LIFE, Milwaukee, Wisconsin, **to draw funds** under the Electronic Funds Transfer Plan to pay the premiums on the certificate resulting from this application. The funds should be drawn from the following account:

Name as it appears on Bank Account: _____

at _____ of _____

Name of Financial Institution

City and State

Routing Number (first 9 digits on bottom of check)

Account Number: _____ Checking Savings

_____ Date

_____ Signature of Premium Payer

_____ If joint account, Other signature.

Subject to the following conditions:

1. The draw day may differ from the contract's effective day.
2. The privilege of paying premiums under this Plan may be revoked by Catholic Financial Life if any transfer is not paid upon presentation.
3. This Plan shall not be construed as a modification of any of the provisions of the certificates, except that during the continuance of this Plan, Catholic Financial Life shall not be required to give notice of premiums becoming due on any of the policies issued to the undersigned.
4. The payment of premiums under this Plan may be discontinued by Catholic Financial Life, or the undersigned upon seven (7) days' written notice.

IMPORTANT: INCLUDE A VOIDED BLANK CHECK OR DEPOSIT SLIP