LifeShield
NATIONAL INSURANCE CO

Dear Policyholder,

This form is in response to your request for an Automatic Electronic Funds Transfer (Bank Draft) from your Bank Account to pay renewal premium due on the Policy.

You can have your renewal premiums for the above Policy paid automatically through our convenient Electronic Transfer Plan by doing the following.

1) Fill out and return the Authorization Form below.
2) Send us a **VOIDED CHECK.**
3) Sign your name on the line titled "Signature of Customer".

Once we receive the Authorization Form below properly completed and signed, and your VOIDED CHECK, we will begin to automatically draft renewal premiums due on the above Policy through your checking account.

**AUTHORIZATION TO HONOR CHECKS DRAWN BY THE
LifeShield National Insurance Co., Oklahoma City, OK**

Policy Number: _____ Insured: _____

DESIGNATE THE PAYMENT FREQUENCY.

$_____ Monthly $_____Quarterly $_____Semi-Annual $_____ Annual

Or, If you would like to draft on the first Monday, Tuesday, etc. of each month select from the following:

☐ Monday   ☐ First ☐ Second ☐Third ☐Fourth
☐ Tuesday   ☐ First ☐ Second ☐Third ☐Fourth
☐ Wednesday   ☐ First ☐ Second ☐Third ☐Fourth
☐ Thursday   ☐ First ☐ Second ☐Third ☐Fourth
☐ Friday   ☐ First ☐ Second ☐Third ☐Fourth

DESIRED DATE FOR WITHDRAWAL FROM   CHECKING ☐   SAVINGS ACCOUNT ☐

(Any day between the 1st and 28th or 3rd Wednesday, 1st Monday, etc.): _____ AMOUNT:_____

CUSTOMER: _____CITY: _____ST: _____

ACCOUNT NUMBER: _____

BANK TRANSIT/ROUTING NO: _____

The undersigned hereby request the above- named Bank to honor checks or Electronic Debits drawn on me by LifeShield National Insurance Co., Oklahoma City, Oklahoma, and to charge such checks or Electronic Debits against my account until further notice. LifeShield National Insurance Co. will indemnify those receivers of ACH Transactions according to the NACHA as well as the local Automated Clearing House Association rules.

SIGNATURE OF CUSTOMER: _____ DATE: _____

Unless noted on this form, a draft for any back premium due will be made upon receipt of form.

I hereby authorize LifeShield National Insurance Co. to draft all back premium due for my insurance policy referenced above from the account on file with their office.

SIGNATURE OF CUSTOMER: _____ DATE: _____

Individual Assurance Company, Life, Health & Accident as Administrator for LifeShield National Insurance Co.
Administrative Office: 5500 Western Ave Suite 200, Oklahoma City, OK   73118 – Mailing Address: P.O. Box 16338, Oklahoma City, OK 73113-0338
Phone: 833-989-0034

LS-EFT (06/2021)