



**REQUEST FOR POLICYOWNER SERVICE**

Policy Number: \_\_\_\_\_ Insured: \_\_\_\_\_

The undersigned authorize(s) LifeShield National Insurance Co. to honor the service request(s) indicated below:

<input type="checkbox"/> <b>LOAN REQUEST:</b> <input type="checkbox"/> Maximum amount available <input type="checkbox"/> Net cash loan for \$ _____ (or maximum, if less)
--

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner SSN: XXX-XX-\_\_\_\_\_

Owner Address \_\_\_\_\_

<p><b>Notary signature required <i>only</i> if requested by the company:</b></p> <p>BEFORE ME, the undersigned Notary Public, on this date, personally appears _____ known to me to be the person whose name(s) is (are) subscribed to the foregoing instrument and acknowledged to me that he/she executed same for the purposes and consideration therein expressed, and in the capacities therein stated.  GIVEN UNDER MY HAND AND SEAL OF OFFICE this _____ day of _____, 20____.  _____  whose commission expires ____/____/_____.</p>	<p><b>Notary Seal/Stamp</b></p>
---	---------------------------------



Dear Policyholder,

You can have the credit paid automatically through our convenient Electronic Transfer Plan by doing the following.

- 1) Fill out and return the Authorization Form below.
- 2) Sign your name on the line titled "Signature of Payor".

Once we receive the Authorization Form below properly completed and signed, and your VOIDED CHECK, we will remit your payment to you after reviewing all documentation received.

**AUTHORIZATION TO SEND PAYMENT VIA EFT/ACH REFUND BY LifeShield National Insurance Co., Oklahoma City, OK**

Policy Number: \_\_\_\_\_ Insured: \_\_\_\_\_

Select type of Account:           \_\_\_CHECKING                   \_\_\_SAVINGS ACCOUNT

**Bank Account Information:**

PAYOR NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

BANK TRANSIT/ROUTING NO: \_\_\_\_\_

The undersigned hereby request the above- named Bank to pay via Electronic Credits to me by LifeShield National Insurance Co., Oklahoma City, Oklahoma,

SIGNATURE OF CUSTOMER: \_\_\_\_\_ DATE: \_\_\_\_\_