LifeShield
NATIONAL INSURANCE CO

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 above 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 ACCOUNT HOLDER**".

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. You can fax the completed form to us @ 385-207-7884 or return it in the enclosed envelope provided.

LifeShield
NATIONAL INSURANCE CO

AUTHORIZATION TO HONOR CHECKS DRAWN BY THE

LifeShield National Insurance Co., Oklahoma City, OK

Policy Number:_____ Insured Name: _____

WITHDRAWAL FROM ☐ CHECKING ☐ SAVINGS ACCOUNT

$_____Monthly $_____ Quarterly $_____Semi-Annual $_____Annual

PAYMENT FREQUENCY

Pick Any day between the 1st and 28th: _____
(Do **NOT** list 9-25-26, list 25th if you wish for the premium to be drafted on the 25th day of each month)

Amount to be withdrawn: $_____

ACCOUNT HOLDER NAME: _____CITY: _____ST:___

BANK ACCOUNT NUMBER: _____

BANK ROUTING NO: _____

The undersigned hereby requests 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 ACCOUNT HOLDER: _____ 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 ACCOUNT HOLDER: _____ DATE: _____