



CLC

Life Insurance

700 Taylor Road · Suite 280 · Gahanna, OH 43230-3320
614.944.4743 · 800.845.0494 · Fax: 614.944.4748

ACH PAYMENT AUTHORIZATION FORM

I (we) hereby authorize **Catholic Ladies of Columbia – Gahanna**, to pay and charge my (our) account, as described below and if necessary, initiate adjustments for any transactions, credited/debited in error and/or when additional fees occur. I (we) agree that your rights in respect to each such check draft/debit shall be the same as if it were a check drawn on my account with you and signed personally by me (us). This authority shall remain in effect until revoked, by me, in writing to cancel it in such time as to afford Catholic Ladies of Columbia and my (our) financial institution a reasonable opportunity to act upon it. Until you actually receive such notice, I (we) agree that Catholic Ladies of Columbia shall be fully protected in honoring any such check draft or debit.

Bank Name: _____

Bank Address: _____
(Branch, City, State & Zip)

Name(s) As Listed On Bank Account: _____

Routing Number: _____

Account Number: _____

Signature of Account Holder: _____ Date: _____

Signature of 2nd Party Account Holder: _____ Date: _____

THIS AUTHORIZATION MUST BE ACCOMPANIED BY A PERSONAL CHECK MARKED "VOID"

Please withdraw \$ _____ from my (our) checking account listed above on the
____ 1st or ____ 15th of each month. Withdrawals will begin on _____, 20 ____.

CLC Life Insurance Certificate # _____ or Annuity # _____

Agent Name Printed: _____ Agent Signature: _____ Agent # _____

HOME OFFICE USE ONLY:

Approved by: _____ Signature: _____ Date: _____