

EFT Application - Please send us void copy of your check along with this application.

New Enrollment

Change

Contact Information

Policyholder Name(s) _____
Bank Account Owner Name(s) _____
Email Address _____ @ _____
Daytime Telephone Number _____ Ext. _____

Account Information

Policy or Account Bill Number	Number of Installments
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 10 12
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Withdrawal Date
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> n/a
Policy or Account Bill Number	Number of Installments
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 10 12
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Withdrawal Date
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> n/a
Policy or Account Bill Number	Number of Installments
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 10 12
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Withdrawal Date
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> n/a

Financial Information

Bank Account Type Checking Savings

Financial Institution _____

ABA Routing Number

Bank Account Number

For verification purposes a voided check is required for checking accounts. For savings accounts, a deposit ticket with a pre-printed ABA routing and bank account numbers is required.

Signature of Bank Account Owner(s)

Date