



Electronic Check Authorization

from Aetna Life Insurance Company
and its affiliates (Aetna)

800 Crescent Centre Dr.
Suite 200
Franklin, TN 37067

Page 1 of 1

- Print clearly and use blue or black ink.

1. Usage Guidelines

Requirements:

- The faxed check method can only be used for **initial premium payments** when the recurring method of payment will be **electronic funds transfer**. This method cannot be used for a one time direct bill quarterly, semi-annual or annual mode.
- The check must be entirely completed. We will not accept faxed checks with missing information such as: pay to, date, written amount, dollar amount, signature, etc.
- The agent will properly destroy the original check once faxed and received at the home office.
- Please submit a copy of the check and this form with your New Business submissions.

2. Authorization

Your agent will submit your application for insurance and your initial payment request to the home office via facsimile (fax).

By signing this form, you authorize Aetna to initiate an electronic funds transfer from your bank account according to the terms of the check. This means your check will be converted to an electronic transaction. Your agent will destroy your original check after it is faxed and received at the home office.

I hereby authorize Aetna to draw an electronic funds transfer from my checking account to pay for this insurance policy. **Future premiums for this insurance policy will be deducted from this checking account until you notify us to change your billing.**

Applicant signature	Date signed	Amount to apply
X	.	\$
.....		
(Signature of applicant/account holder as it appears on bank records)		

Applicant signature	Date signed	Amount to apply
X	.	\$
.....		
(Signature of second applicant)		

Please include any applicable policy fees (per applicant). Make check payable to the appropriate underwriting company.

Thank you.