



**ELECTRONIC PAYMENT AUTHORIZATION**

**FORM MUST BE COMPLETED IN FULL AND ACCOMPANIED BY A  
PERSONAL CHECK MARKED "VOID".**

**AUTHORIZATION TO U.S. FINANCIAL LIFE INSURANCE COMPANY TO  
INITIATE DEBIT ENTRIES ON BANK ACCOUNT**

Issued under Application No. \_\_\_\_\_ or, in force under  
Policy No. \_\_\_\_\_.

For the purpose of paying premiums for insurance on the life of:

Name of Insured/ Proposed Insured \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip Code

Check here if new address (address will be updated)

Is Payor  an Owner  or an Insured?

Payor's Name \_\_\_\_\_  
First Middle Last

Is Payor a 3<sup>rd</sup> party who is  an individual  or an entity?

Payor's Name \_\_\_\_\_  
First Middle Last

Payor's/Entity Legal Address:

\_\_\_\_\_  
Street City State Zip Code

Payor's DOB: \_\_\_\_\_ Payor's SSN/TIN/EIN: \_\_\_\_\_



USFL  
PO Box 3016  
Monroe, WI 53566-3016  
Phone: 800-959-3894  
Fax: (803)-233-3725

Payor's Mailing Address (if 3<sup>rd</sup> party is an individual):

\_\_\_\_\_  
Street City State Zip Code

If "Yes", to Government-issued Picture ID Number (e.g., Driver's License/Passport/  
Green Card/Visa; Passport Number, if foreign) provide:

Type of ID \_\_\_\_\_ ID # \_\_\_\_\_

Percentage of Ownership (if 3<sup>rd</sup> party is an individual) \_\_\_\_\_

Payor Bank Information: Name of Bank \_\_\_\_\_

Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Number of years account active \_\_\_\_\_

Monthly  Quarterly  Semi-Annually  Annual

Such authorization to be revocable only upon receipt by U.S. Financial Life Insurance Company of a written revocation. I agree that the initiation of such debit entries to such bank shall constitute due notice of premiums being due upon the policy.

The debt will occur in the next policy month on the date selected. My debit date is the same as the policy date unless otherwise indicated (**Debit date cannot exceed 5 days from effective date of policy**):

Other Date  1  5  10  15  20  25

**Universal Life Only** – The debit must always occur on or before the effective date of the contract unless an additional modal payment(s) is made prior to onset of the draft.



USFL  
PO Box 3016  
Monroe, WI 53566-3016  
Phone: 800-959-3894  
Fax: (803)-233-3725

**AS POLICYOWNER, I HEREBY NAME THE INDIVIDUAL NAMED BELOW AND NAMED ON THE ATTACHED VOIDED CHECK AS PAYOR OF MY POLICY. AN ACKNOWLEDGEMENT OF THAT CHANGE WILL BE SENT TO ME AT MY ADDRESS OF RECORD AND TO THE PAYOR AT THE ADDRESS SHOWN BELOW.**

_____ POLICY OWNER'S SIGNATURE	_____ DATE
_____ POLICY OWNER'S SIGNATURE	_____ DATE
_____ POLICY OWNER'S SIGNATURE	_____ DATE

**AUTHORIZATION TO MY BANK TO HONOR DEBIT ENTRIES ON BANK ACCOUNT**

I hereby request and authorize my bank to honor debit entries, with said debits made to my account and drawn by U.S. Financial Life Insurance Company, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that the bank's rights in respect to such debit shall be the same as if a check was written and signed personally by me. I hereby agree that if any debit is not paid by the bank for any reason, with or without cause or whether such nonpayment is intentional, inadvertent, or otherwise, the bank shall be under no liability whatsoever, even though such nonpayment results in the forfeiture of insurance. This authorization is to remain in full force and effect until revoked by me upon 30 days written notice, and until the bank actually receives such notice, I agree that the bank shall be fully protected in honoring any such debit to my account.

_____ Name of Payor	_____ Date			
_____ Payor's address:	_____ Street	_____ City	_____ State	_____ Zip Code
_____ Signature of Payor (as it appears on bank records)				