



USFL
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Monroe, WI 53566-3016
Phone: 800-959-3894
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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

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 3rd Party who is an individual or an entity?

Payor's Name (First, Middle, Last) \_\_\_\_\_

Payor's/Entity Legal Address: Number and Street Apt./Suite/Floor City State Country Zip/Postal Code

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

Payor's Mailing Address (if 3rd party is an individual): Number and Street Apt./Suite/Floor City State Country Zip/Postal 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 Government ID #: \_\_\_\_\_

Percentage of Ownership (if 3rd party is an individual) \_\_\_\_\_

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

Name of Account Holder(s) Routing Number 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 debit 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 day of the contract unless an additional modal payment(s) is made prior to onset of the draft.

**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.

\_\_\_\_\_  
PRINT NAME OF **PAYOR**      DATE      **PAYOR** STREET ADDRESS

\_\_\_\_\_  
SIGNATURE OF **PAYOR** (As it appears on bank records)      CITY, STATE, ZIP CODE