LIFE INSURANCE
AUTOMATIC WITHDRAWAL (ACH)

SECTION 1

Policy #: _____

Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SECTION 2

I (We) hereby authorize FCSU Financial® (hereinafter called "Society") to initiate debit entries to my (our) account indicated below and the Depository named below, (hereinafter called "Depository"), to debit the same to such account. Further, I authorize Society to begin said Debit entries on or about the 15th day of _____ (month) _____ (year), and to transfer funds from my (our) account on the following basis until this authorization is revoked:

○ Monthly ○ Quarterly ○ Semiannually ○ Annually

In the event that Society debits funds erroneously to my account, I authorize Society to make an adjustment to my account (either debit or credit) for an amount not to exceed the original amount of the erroneous debit. I understand that any advance premiums will be refunded to me if coverage is not issued and that the effective date of my insurance will be the date stated in my plan of insurance.

This authority is to remain in full force and effect until Society has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Society and Depository a reasonable opportunity to act on it.

SECTION 3 – Account Information

Bank Name: _____ Type of Account: ○ Checking* ○ Savings

ABA Routing #: ☐☐☐☐☐☐☐☐☐ Bank Acc.#: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*Must include a Voided Check

Signature _____ Date _____