



## Electronic Funds Transfer Authorization for Mountain Life Insurance Company

I authorize Mountain Life Insurance Company to initiate a monthly electronic funds transfer (EFT) withdrawal from my designated bank account to satisfy the amount of my monthly premium. I authorize my financial institution to accept any withdrawals initiated by Mountain Life Insurance Company.

This authority is to remain in full force and effect until Mountain Life Insurance Company has received written notification from me of its termination in such manner as to afford a reasonable opportunity to act upon it. A new authorization form must be completed if I close the bank account identified below, or if I wish to designate a different bank account. I understand that this authorization does not modify or change any policy provisions.

Policyholder
Name: _____
Policy Number (if known): _____

Financial Institution Information
Name of Financial Institution: _____
Address: _____
City: _____ State: _____ Zip: _____
Routing Number: _____
Account Number: _____
EFT Type: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Single Payment (Annuity Only)
Withdrawal Day (1-28): _____

Check here to authorize Mountain Life Insurance Company to draft my account for the initial premium payment and subsequent premium payments subject to the terms of the life insurance contract.

\_\_\_\_\_

SignatureDate

**\*\*PLEASE ATTACH A VOIDED CHECK TO THIS FORM AND SUBMIT WITH APPLICATION\*\***