



financial life

A Fraternal Benefit Society

200 N. Martingale Rd., Ste. 405
Schaumburg, IL 60173
847-342-4500
info@1891FinancialLife.com
www.1891FinancialLife.com

PAYMENT AUTHORIZATION

ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT / DEBIT CARD

Please type or print – 1891 Financial Life is not responsible for drafts which are not honored.

Payer's Full Name: _____

Address / Apt. No: _____

City: _____ State: _____ ZIP: _____

Primary Phone No: _____ Email: _____

THIS AGREEMENT AUTHORIZES: I would like to pay my initial payment: EFT Credit Card

I would like to pay my subsequent payments: EFT Credit Card

I have a: Change in Existing Account Loan Payment: \$ _____

PAYMENT FREQUENCY: Monthly Quarterly Semi-Annually Annually 1-Time Payment \$ _____

I prefer my premium payment to be drafted on this date: _____ (must be on or before effective date)


Dates NOT available for premium payment: 29th – 30th – 31st

The premium will be automatically drafted each billing cycle on the date you choose. No notice will be sent when drafted.

CERTIFICATE INFORMATION: Insured Name (please print) _____ Certificate Number (if existing account) _____

EFT Information

EFT Checking EFT Savings **Please Attach A Copy of a Voided Check to Verify Account Number Accuracy**

FOR Routing Number Account Number

ROUTING NUMBER _____ ACCOUNT NUMBER _____
BANK / BRANCH NAME _____ BANK PHONE NO. _____

Credit / Debit Card Information

Visa Mastercard Amex Discover If a debit, the card must have a credit card icon.

CARD NUMBER _____ CARD EXP. DATE _____ CVV/CSV (3 DIGITS ON BACK OF CARD) _____

PAYER'S BILLING ADDRESS / APT. NO. _____ CITY _____ STATE _____ ZIP _____

Authorization Agreement

I authorize 1891 Financial Life to withdraw funds from my checking/savings account or credit card, identified in this form, to pay premiums on my life insurance policy. This authorization will remain in effect until 1891 Financial Life has received a signed and dated written request from me to terminate this agreement – or if 1891 Financial Life is notified by my institution that a draft has not been honored.

Account Holder's Signature: _____ Date: _____

Frequently Asked Questions

1) What happens if my financial institution does not honor a withdrawal?

Premium payments are necessary to keep your certificate in force; therefore, if your financial institution does not honor a withdrawal, you will be required to send us a replacement payment before we will put you back on the EFT plan.

If *two* withdrawals are not honored, you will be ineligible for the EFT plan and will be required to submit monthly payments via check or money order.

2) How can I cancel the EFT or credit card agreement?

Submit your signed and dated request **one month** prior to the date you want the draw to end.

- a) **MAIL:** 1891 Financial Life EFT Processing
200 N. Martingale Rd., Ste. 405
Schaumburg, IL 60173
- b) **FAX:** 847-342-4556
- c) **EMAIL:** info@1891FinancialLife.com