



Family Liberty Life
- INSURANCE COMPANY -

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT TO
FAMILY LIBERTY LIFE INSURANCE COMPANY

Customer Name:
Account Holder's Name:
Relationship to Insured:
Name and address of Bank:
Checking Account # Or Savings Account #:
Nine Digit Bank Transit #:
Date to Draft: 7th 15th 25th Amount to Draft: Home Phone #:

I authorize Family Liberty Life Insurance Company to initiate debit entries to my checking or savings account, indicated above, and authorize the financial institution (bank) named to debit my account for payment of my Family Liberty Life Insurance Company account(s). I understand this authorization is subject to the terms and conditions of the EFT agreement.

EFT can only be drawn on the bank account of the Policy Owner, Insured, or Policy Payor (must be listed on application as payor), not a company, funeral home, agent or other third party.

TERMS AND CONDITIONS

- 1. This arrangement may be terminated with respect to any or all contracts listed below by the company, or by me upon written notice to the other party.
2. I understand that if any EFT is dishonored by my bank and if any monthly amount due the company is not paid within the time stipulated on the contract, the contract shall lapse except as otherwise provided therein.
3. During the continuance of this arrangement the company shall not be required to send payment notices on any contract I have authorized to be included hereunder.
4. If I change banks or bank accounts and I want to continue using EFT, I must sign a new Authorization Agreement.
5. This Authorization shall not be effective for any contract for which an application is pending until such contract is actually issued.
6. I will pay a returned-item fee as specified by the bank or the company for any debit entry that is returned to the company for insufficient funds.
7. The EFT will apply to the following contract(s).

Name Policy # Bill Group #

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Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing false, incomplete or misleading information may be guilty of a felony of the third degree. This Authorization is to be accompanied by a voided check, or bank statement that contains the name on the account and the bank account and routing numbers.

Date: Signature: Authorized Account Holder