

Policyholder Name _____ Policy Number Required _____

Policyholder Address _____

Policyholder Phone _____ Policyholder Email Address _____

Premium Payments

Use this section to **select your payment frequency** for your premium withdrawals. If no selection is made, withdrawals will be monthly

Monthly Quarterly Semi-Annually Annually

Bank Account Information (Checking Accounts Only - Please attach a void check)

Please Print Clearly

Bank Account Owner's Name _____

What is your relationship to Policy Owner? Self Other

Please **attach a void check** and complete all information in this section.

Bank Account Owner's Address _____

Financial Institution's Name _____

ABA Routing Number (Typically 9 digits and located on bottom left of check) _____

Authorization

Checking Account Number _____

By signing this form, I understand and accept these terms and conditions:

- The selected payment method does not alter or change the policy provisions.
- I hereby authorize and request that HILIFE GA draft my account as noted above.
- HILIFE GA will only consider a premium paid if a draft is honored by my financial institution.
- If two ACH payments are returned within a twelve-month period, your payment method will be changed to quarterly direct billing. After a period of twelve months on direct billing, you may re-apply for an ACH option.
- In the event that the payment method is changed to direct billing, the billing notices will be sent to the Payor on record.
- I must notify HILIFE GA in writing at least 10 business days before a scheduled withdrawal to change or cancel this authorization. In addition, I must provide a current address for future billing notices.
- I understand that for monthly drafts, the initial draft will include any past due premiums required to bring my policy current.

Bank Account Owner's Signature _____ Date _____

Policy Owner's Signature (If other than Bank Account Owner) _____ Date _____