Central States Health & Life Co. of Omaha

P.O. Box 4574 • Houston, TX 77210-4574
1-800-541-2363 Fax: 1-281-368-7148

Administered by Philadelphia American Life Insurance Company

Request for Electronic Funds Transfer

Note: This form allows your financial institution to pay the premiums for you automatically.

As a convenience to me, I authorize Philadelphia American Life Insurance Company on behalf of Central States Health & Life Co. of Omaha to withdraw funds from my account by check, draft, or automatic debit entry at the financial institution named below.

It is agreed that:

1) This agreement shall in no way alter or amend the provisions of this policy except that the Company shall not be required to give notice of premium due as long as this agreement is in effect.
2) The Company shall not incur any liability by reason of dishonor of any check, draft, or debit entry.
3) This authorization is to remain in effect until you receive notice from me to revoke it.
4) No payment or portion thereof shall be deemed paid unless the Company receives actual payment at its Home Office.

Please complete the following information as it applies to your request for Electronic Funds Transfer:

Depositor's Name (if other than Insured or Policyowner) _____
If a company account, the name of the account must be shown

Financial Institution _____

Routing Number _____

Account Number_____

Type of Account:
☐ Checking ☐ Savings
☐ Withdraw on the due date of my policy
☐ Withdraw on the following date_____
(from the 1st through the 28th)

Policy Owner Name_____ Phone number _____

Policy Owner Address_____
Street

_____
City State Zip

☐ Check here if this is a new address

Withdraw from my account:
☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

INSURED'S NAME	POLICY NUMBER

X_____ _____
Authorized Signature as Shown on Account Date

TO PROTECT YOUR VALUABLE COVERAGE, PLEASE NOTIFY US IMMEDIATELY OF ANY CHANGE OF ADDRESS OR CHANGE OF FINANCIAL INSTITUTION OR ACCOUNT INFORMATION

SEND THIS FORM AND A VOIDED CHECK TO US.

EFT.CSO.HOU