

## Request to draft premium by Electronic Funds Transfer (EFT)

Please check the appropriate options.

**Be sure to include a VOIDED CHECK or this request cannot be processed!**

1. Home office will process the draft for the initial premium within 48 hours of receiving the application.
2. Include a copy of a voided check with the initial premium by EFT in the special remarks section of the application.
3. Complete the authorization form below.
4. **Fax completed form with application to:**
  - For individual sales: (800) 906-3926, Attn: New Business department.
  - For worksite sales: (800) 981-8413

**Authorization to draft initial premium**

Upon the receipt of this form, please process a draft for the initial premium, in the amount of \$\_\_\_\_\_, for the application shown below. I am aware that the draft may be processed within 48 hours of receipt of this request in the home office.

**Yes! Please deduct future premiums.**

By selecting this option, you are authorizing subsequent renewal premiums to be deducted from the bank account listed below. These premiums will be deducted on a monthly basis on the \_\_\_\_\_ day of the month.

Application name \_\_\_\_\_

Date of birth or SSN \_\_\_\_\_

Accountholder name (if different) \_\_\_\_\_

Financial institution/Bank name \_\_\_\_\_

ABA routing no. \_\_\_\_\_ ACH routing no. \_\_\_\_\_

Bank account no. \_\_\_\_\_ Checking  Savings

Accountholder signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby request and authorize the charge to my account deductions drawn on my account by and payable to Washington National Insurance Company. The signatures on such deductions may be either typed or printed. If any such deductions are dishonored, either with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance. This authorization shall continue in force until revoked by me in writing and received by the company, a copy of which revocation shall be sent by me to the company, at its home office in Carmel, Indiana. The plan may be discontinued by the company upon thirty (30) days written notice to the owner indicated in the agreement. The company is instructed to forward authorization to you.

The acceptance of this form and the initial premium payment is not a guarantee that the application for insurance will be approved and a policy issued.