

Western Fraternal Life Association

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AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

I authorize Western Fraternal Life Association (WFLA) and the financial institution named below to initiate automatic withdrawals from my checking/savings account. This authority will remain in effect until I notify WFLA or the bank to cancel it in such time as to afford a reasonable opportunity to act on the request. I can stop payment of any withdrawal by notifying WFLA five business days before my scheduled withdrawal day. WFLA reserves the right to change the method of payment to another qualifying mode if the transaction is not honored by my bank.

Name of Financial Institution _____ City _____ State _____

Name of Payor (please print) _____ Phone Number (____) _____

Type of Account: Checking or Savings Account # _____
Please verify

Nine Digit Bank Routing #

Name(s) proposed insured(s): _____

First premium has been submitted.
Check One

First premium EFT—first payments will be withdrawn the date the application is received in the Home Office.
Check One

Certificate number(s) _____

Subsequent monthly withdrawals will be made on the date selected.

I would like subsequent payments withdrawn on the 5th 15th Add to existing EFT

Signature as it appears
on bank records **X** _____ Date _____

**PLEASE RETURN THIS AUTHORIZATION WITH A VOIDED CHECK
OR ANY OTHER DOCUMENT WITH VERIFICATION OF ACCOUNT
INFORMATION IF AVAILABLE.**