



Certificate Loan Repayment Form

Name: _____ Certificate Number: _____

I elect to pay \$_____, monthly and request to have this amount automatically withdrawn from my bank account on a monthly basis. (Fill out authorization below and submit voided check.)

Signature of Insured or Owner

Date

I authorize Western Fraternal Life and the financial institution named below to draft my account. This authorization will remain in effect until I notify Western of its termination in such manner as to afford Western a reasonable opportunity to act on it. *(please print)*

Name: _____ Home Phone: () _____ - _____

Address _____

WFLA Certificate Number(s): _____

Name & Address of Financial Institution: _____

Routing #: _____ (9 digits)

Checking/Savings Account#: _____

Withdrawal date (*check one*): 5th or 15th

Account Owner's Signature: _____

Date: _____

*Please attach a voided check or verification of your account.

Loan payments are not required, but they are encouraged.