Electronic Funds Transfer (EFT) Authorization Form

ID No.______________________________

(Please make a duplicate copy to retain for your records.)

Name of Primary Insured/Owner (*please print*): ______________________________

Signature of Primary Insured/Owner: ______________________________

Primary Insured E-mail Address: ______________________________

EFT Options: ❑ Monthly ❑ Quarterly
If you have chosen our Quarterly EFT option, you will no longer receive a quarterly billing statement.

Please draft on the ______________ of each Month/Quarter.
day

In Tennessee and Texas, drafts may only be scheduled on
1) the premium due date; or 2) up to 10 days after the due date.

PLEASE PRINT Account Holder Information (Business Accounts are not accepted):

Name: ______________________________
Name(s) As Displayed on Check

Address: ______________________________
P.O. Boxes are NOT Accepted

City: ______________________ State: ______________ ZIP: ______________

Phone: ______________________________

ACCOUNT HOLDER'S SIGNATURE REQUIRED BELOW

I hereby authorize Golden Rule Insurance Company to initiate debit entries to the account indicated below. I also authorize the named financial institution to debit the same to such account. I agree this authorization will remain in effect until you actually receive written notification of its termination from me.

Account Holder's Signature: ______________________________
As shown on the account to which this authorization is applicable

Printed Account Holder's Name: ______________________________

Date Signed: ______________________________

ACCOUNT HOLDER'S INFORMATION — REQUIRED

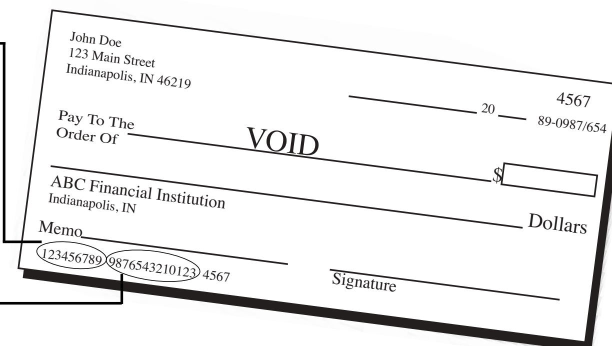
1. Write your *nine*-digit **check routing** number for your financial institution here:

❑❑❑❑❑❑❑❑❑

2. Write your **checking account** number here:

❑❑❑❑❑❑❑❑❑❑❑❑❑

(You can also find your checking account number by looking on your most recent financial institution statement.)



FINANCIAL INSTITUTION'S INFORMATION — REQUIRED

Name: ______________________________

Address: ______________________________

City: ______________________ State: ______________ ZIP: ______________

Please mail the completed form to: Golden Rule, 712 Eleventh Street, Lawrenceville, IL 62439-2395 or Fax to 618-943-3136

790-1206