



Member Company

Erie Family Life Insurance Company

Service Center • P.O. Box 83026 • Lincoln, Nebraska 68501
Toll free 1.800.458.0811 • Fax 866.567.1219 • erieinsurance.com

Bank Draft Authorization Electronic Funds Transfer (EFT) for Annuity and Life Insurance Monthly EFT

Policy Information

Insured/Annuitant Name	Policy Number	Monthly Premium

Bank Information

Account Owner's Name	
Bank Name	Sample Bank Check
Bank Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Routing Number (first 9 numbers)	
Account Number (second group of numbers)	

Bank Draft Information

- The EFT payment plan offers a convenient way to pay insurance premiums. We will automatically withdraw the insurance premiums from your account at the named financial institution designated above.
- The initial premium withdrawal will occur at the time the policy is delivered and accepted by the policyowner and all outstanding delivery requirements are received at Erie Family Life Insurance Company.
- Recurring premium withdrawals will occur based on your selected payment mode and will be on the same day of the month as your effective date.
- Premiums due are subject to change based on underwriting approval and the terms of the policy.

Authorization

I understand and agree that this authorization is subject to the following conditions:

- Erie Family Life Insurance Company will debit my account maintained at the institution indicated above for payment of premiums due on purchased policies.
- I am responsible to ensure adequate funds are available for withdrawal.
- When I provide my bank account information, I authorize Erie Family Life Insurance Company to use information from my account to make a one-time and/or monthly electronic funds transfer.
- This authorization will remain in full force and in effect until Erie Family Life Insurance Company has received notice from me of termination at least three (3) business days prior to the regularly scheduled debit date. I agree that Erie Family Life Insurance Company shall incur no liability in making any such debit entry if Erie Family Life Insurance Company does not receive timely and sufficient notification to discontinue debits.
- This Authorization must be signed and dated by the Account owner as your name appears on the bank records for the Account. By signing this Authorization, you represent and warrant to Erie Family Life Insurance Company that you are the owner of the Account and that you have the legal authority to authorize Debits against the Account. If the Account is owned by a legal entity (such as a trust, corporation or LLC), you represent and warrant that you have legal authority to act on behalf of that entity with respect to the Account. You agree to defend and indemnify Erie Family Life Insurance Company against any and all losses resulting from any misrepresentation or breach of warranty by you in this Authorization.

Account Owner or Authorized Signee Signature	Title (if signing on behalf of a business or entity)	Date
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