

## Authorization Form to Create a One Time Check Draft

Dollar Amount: \$ \_\_\_\_\_

Apply to Certificate No./Application No. \_\_\_\_\_

Name of Insured/Annuitant: \_\_\_\_\_

I authorize Gleaner Life Insurance Society to charge my bank account as per my faxed or e-mailed check.

I will only void my check after I have confirmed that the Home Office has received this completed form by fax or email. I will NOT mail my check to Gleaner to avoid duplication of payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECURE CHECK HERE AND FAX (517-265-7745) OR E-MAIL (gleaner@gleanerlife.org) TO GLEANER.

### Tape check here.

The following checks cannot be submitted or attached to this form:

- Starter check from a newly established account
- Personal check drawn on a money market or mutual fund account
- Third-party check, money order, etc.

**DO NOT VOID THIS CHECK UNTIL YOU HAVE CONFIRMED THAT IT HAS  
BEEN RECEIVED BY THE HOME OFFICE.**

### Gleaner will accept and process your faxed or e-mailed check under the following conditions:

1. You must submit a personal check. Starter checks, personal checks from a money market or mutual fund account, third-party checks, money orders, etc. may not be submitted using this form.
2. Premiums of \$500,000 or more require Home Office pre-approval.

PLEASE VOID YOUR CHECK AFTER CONFIRMING THE HOME OFFICE HAS RECEIVED IT.  
DO NOT MAIL YOUR CHECK TO GLEANER TO AVOID DUPLICATION OF PAYMENT.

