

Authorization Agreement for Automatic Withdrawals (ACH Debits)

Choose One: **NEW Premium Set Up** **CHANGE Premium Amount** **CHANGE Bank Account**

Account Holder Information (please print):			Bank or Credit Union Information:		
Account Holder Name			Bank or Credit Union Name		
Address			Address		
City	State	Zip	City	State	Zip
Phone			Phone		
Account Type: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			Bank Routing #:		

Complete certificate information for all certificates to which this authorization will apply:

Certificate #	Insured/Annuitant Name	Premium Amount	Debit Date*	Effective Month

*Debit date is the day of the month you would like to have the debit processed. Choose only the 1st through the 28th. Requested debit dates may not be available for all products. All requests will be reviewed against the certificate for eligibility. Debit dates of the 29th, 30th, or 31st are not available and will default to the 28th. Premium limits may apply and vary by product.

For New Business LIFE AND ANNUITY Cases: For some products, the debit date may be dependent on the certificate effective date. **There may be additional premium requirements IF you:** elect to have a backdated certificate **OR** choose a debit date after the certificate date **OR** do not return the necessary documents to place the certificate in force within 21 days of certificate issue. **Example:** If a certificate is issued with a May 5th effective date and the delivery requirements are not returned to the Home Office until after July 5th, two debits will immediately take place for the June 5 and July 5 premium payments.

EXISTING/INFORCE TRADITIONAL, WHOLE LIFE and TERM LIFE Certificates: You may choose a debit date in a 5 day range before/after the monthly anniversary date (day of month the certificate was issued) in the **SAME** month. The date cannot be the 29th, 30th, or 31st. Example: If the certificate monthly anniversary is the 3rd, you may choose a debit date between the 1st and the 8th.



Please attach a voided, pre-printed check with tape in the area below. Do not staple. Do not attach a deposit slip. For savings accounts or checkless/debit accounts, verification of account and routing numbers must be provided on bank letterhead to ensure accuracy.

Account Holder's Name(s) 245 Main St. Anywhere, USA 00000		
Pay To The Order Of _____	\$	<input type="text"/>
_____ Dollars		
Your Financial Institution	-- VOID --	
Name Street Address City, State, ZIP	_____	1234
Your Transit Routing Number	Your Account Number	Your check number

I hereby authorize Gleaner Life Insurance Society to initiate debit entries and if necessary, credit entries and adjustments for any debit/credit error to my account at the depository indicated above.

I understand Gleaner may terminate this electronic debit for any reason, including but not limited to dishonor of an electronic debit and/or a returned item, such as insufficient funds.

I understand that Gleaner requires ten (10) business days advance written notice to make any change to this payment agreement. Changes include, but are not limited to, the submission of updated bank account information and/or termination of this payment agreement. Further, I understand that if my written notice of change is submitted less than ten (10) business days prior to my scheduled debit date, it may not be possible for Gleaner to prevent the previously authorized debit and Gleaner will not be held responsible for any bank charges incurred. No changes will be made unless the proper documentation is provided.

For Life Certificates: I authorize Gleaner to initiate electronic debits from the account identified above to pay premium due, including any premium past due for the listed certificate(s). I understand and agree that in the event this agreement is terminated, Gleaner shall have no liability for a resulting certificate lapse, loss of benefits or riders, an automatic premium loan from the certificate's cash value or exercise of the certificate's non-forfeiture option.

I/We understand it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Account Holder's Signature

Date

Certificate Owner's Signature (if different from Account Holder)

Date