



## Application for Electronic Fund Transfer (EFT) Plan Of Premium Payment

FARMERS AND TRADERS LIFE INSURANCE COMPANY (herein called FTL) is hereby authorized each month to issue directions to debit (EFT), or to draw checks or share drafts against, the following account:

Name(s) of Depositor(s) EXACTLY as shown on Banking Institution records		Bank Telephone Number (    )
Full Name and Address of Banking Institution	Account Type Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Name of Branch (if any)

for the collection of premiums on the policies listed below, as well as any new policy of which I am the owner issued subsequent to the date below, the application for which contains a request for the use of this Plan of premium payment:

Policy Number or Application Number (Leave blank if new application.)	Estimated Premium *	Name of Insured

Note: Do not date after the 28 <sup>th</sup> of any month. Universal Life must be dated at least (2) days prior to the policy effective date.	Preferred EFT Draft Date *	*Subject to change during issue processing.
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It is agreed that:

1. An account debit (EFT), a check, or share draft shall be made or drawn at a specified time during the month for all premiums on policies covered under the plan.
2. While the PLAN is in effect, FTL will not give notice of premium due.
3. Neither this authorization, nor its use shall amend the provision of any policy under the PLAN.
4. Dividends on policies under the PLAN may not be applied towards payment of premium.
5. This authorization may be terminated by either party by providing thirty (30) days written notice. FTL may terminate the PLAN immediately by notice if any account debits, checks or share drafts within any twelve month period are not paid upon execution or presentation.
6. If this PLAN shall be terminated for any reason, the modified premium in effect shall be changed to regular quarterly, or that mode which will meet minimum premium requirements.
7. No premium shall be deemed to have been paid until FTL receives actual payment at its HOME OFFICE, and the account debit, check, or share draft has been honored. FTL shall incur no liability as the result of the dishonor of any account debit, check or share draft made under this authorization.

Depositor Signature (if other than policyowner)	Date	Policyowner Signature	Date
Address of Depositor			

**PLEASE ATTACH VOIDED BLANK CHECK OR CODED SAVING WITHDRAWAL SLIP (Not deposit ticket)  
WITHDRAWAL SLIP MUST INCLUDE ROUTING AND ACCOUNT NUMBERS**