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### Automatic Premium Withdrawal Change Form

- This form is intended to
- initiate premium withdrawal schedule
  - update bank account information
  - authorize withdrawal of past-due amount

*Please attach a voided check to this form. Contact your bank to verify that EFT is allowed.*

#### Policy Information

Owner	Insured	Policy Number
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#### Accountholder Information

<input type="checkbox"/> Insured <input type="checkbox"/> Owner <input type="checkbox"/> Other Relationship to Insured: _____			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Full Name			Phone Number	
Street Address		City	State	Zip Code
DOB	SSN	Email Address		

#### Bank Account

Financial Institution (Bank Name)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings																													
Routing Number (lower left corner of check) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>											Bank Account Number (lower middle of check) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																			

#### Premium Withdrawal

Amount of Premium: \$	Premiums to be withdrawn every <input type="checkbox"/> Mo <input type="checkbox"/> Qtr <input type="checkbox"/> Semi <input type="checkbox"/> Ann    beginning ___/___/___ (choose day 1-28)
Amount Past Due: \$	To bring policy current, withdraw past due amount <input type="checkbox"/> Immediately <input type="checkbox"/> On specific date: ___/___/___ (choose day 1-28)

#### Authorization

By signing below, I hereby authorize Great Western Insurance Company (the Company) to initiate debit entries. If necessary, the Company may also credit entries on the above-named financial institution and account. This authorization is to remain in full force and effect until the Company receives written notice of its termination. The notice must be in such time and in such manner as to allow the Company and Depository reasonable time to act (minimum of three weeks). If I select a specific date for the first payment, I authorize the Company to withdraw on or after the specified date as indicated above.

\_\_\_\_\_

*Accountholder Name (Please Print)*

\_\_\_\_\_

*Accountholder Signature* \_\_\_\_\_

*Date*