

# KEMPER LIFE

12115 Lackland Road • Suite 100 • St. Louis, MO 63146-4003

## ELECTRONIC FUND TRANSFER AUTHORIZATION

Reason for Request:

- New Business Policy for Underwriting - EFT Form     Bank or Account Change  
 Add EFT In Force Policy - EFT In Force Form     Withdrawal Date Change

Existing PNO Policy Number \_\_\_\_\_

Name of Depositor: \_\_\_\_\_  
(Print as Shown on Bank Records)

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Transit /ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

I request and authorize the Company checked above, hereinafter called Company, to draw on and charge my above account to pay premiums for the following policies:

Policy/Receipt Number(s)	Name of Insured	Premium Amount

with such payment to be drawn and charged on the \_\_\_\_\_ of each month.  
(1st - 28th allowed)

I agree that:

- The Company may terminate this method of payment immediately with written notice if any electronic fund transfer is rejected or returned for any reason.
- I may terminate this method of payment upon 15 days prior written notice to the Company.
- If an electronic fund transfer is rejected, the premium to which the electronic fund transfer relates will be in default.

Signature of Depositor on Bank Records: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Depositor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ District: \_\_\_\_\_ Agency: \_\_\_\_\_