LUSO-AMERICAN FINANCIAL

A Fraternal Benefit Society

Electronic Funds Transfer (EFT) Authorization

In an effort to better serve you, Luso-American Financial will allow you to pay your policy premiums from your selected bank account below by EFT.
Once your Application is approved, your EFT will be processed.
Please note that if you (Applicant) choose a "**Monthly**" mode of payment for your premiums, the ***amount submitted with the Application must be at LEAST 2 Months of Premium*** (annual premium x .0865 times 2 months).

Please complete the following information (see example below):

Bank Name: _____

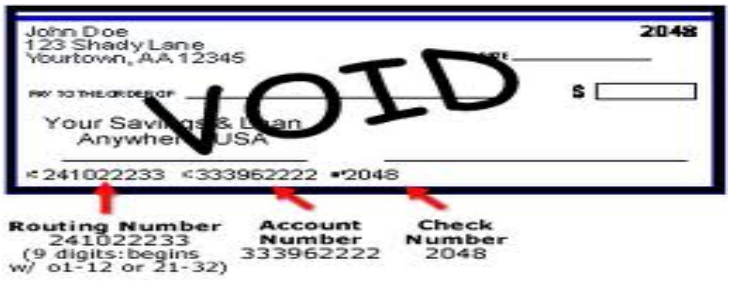
Routing Number: _____

Account Number: _____

Mode of Payment: ☐ **Monthly** ☐ **Quarterly** ☐ **Semi-Annual** ☐ **Annually** **(check ONE only)**

Date of Withdrawal: ☐ **7th of Month** ☐ **14th of Month** ☐ **21st of Month** ☐ **30th of Month** **(check ONE only)**

Attach VOIDED Check here:



Authorization statement:

By signing this Electronic Funds Transfer (EFT) Authorization form, you are agreeing to the following:

- I authorize the Luso-American Financial and my banking institution listed above to have my account debited for premium payments on my policy.
- In the unlikely event that funds to which I am not entitled to are deposited into my account, I authorize Luso-American Financial to direct the bank to return said funds Luso-American Financial.
- I understand that my transaction may not be credited to my account until midnight on the date of the transaction or following business day.

Policyholder Printed Name: _____ Policy#: _____

Policyholder Signature: _____ Date: _____

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