



LUSO-AMERICAN FINANCIAL

A Fraternal Benefit Society

Electronic Funds Transfer (EFT) Authorization (ACCOUNT CHANGE)

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.

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:



Routing Number
241022233
(9 digits: begins
w/ 01-12 or 21-32)

**Account
Number**
333962222

**Check
Number**
2048

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: _____