

Electronic Funds Transfer (EFT) Authorization Form

ID No. _____

(Please make a duplicate copy to retain for your records.)

Name of Primary Insured/Owner *(please print)*: _____

Signature of Primary Insured/Owner: _____

Primary Insured E-mail Address: _____

EFT Options: Monthly Quarterly
If you have chosen our Quarterly EFT option, you will no longer receive a quarterly billing statement.

Please draft on the _____ of each Month/Quarter.
day

In Tennessee and Texas, drafts may only be scheduled on
1) the premium due date; or 2) up to 10 days after the due date.

PLEASE PRINT Account Holder Information:

Name: _____
Name(s) As Displayed on Check

Address: _____
P.O. Boxes are NOT Accepted

City: _____ State: _____ ZIP: _____

Phone: _____

ACCOUNT HOLDER'S SIGNATURE REQUIRED BELOW

I hereby authorize Golden Rule Insurance Company to initiate debit entries to the account indicated below. I also authorize the named financial institution to debit the same to such account. I agree this authorization will remain in effect until you actually receive written notification of its termination from me.

Account Holder's
Signature: _____
As shown on the account to which this authorization is applicable

Printed Account Holder's Name: _____

Date Signed: _____

ACCOUNT HOLDER'S INFORMATION — REQUIRED

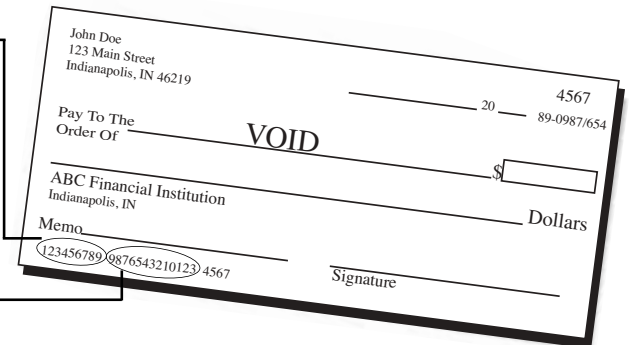
1. Write your *nine*-digit **check routing** number for your financial institution here: ←

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2. Write your **checking account** number here:

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(You can also find your checking account number by looking on your most recent financial institution statement.) ←



FINANCIAL INSTITUTION'S INFORMATION — REQUIRED

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Please mail the completed form to: Golden Rule, 712 Eleventh Street, Lawrenceville, IL 62439-2395 or Fax to 618-943-3136