

**ELECTRONIC FUND TRANSFER AUTHORIZATION**
**REQUEST FOR PREAUTHORIZED WITHDRAWAL OR A CHANGE TO AN EXISTING EFT**

Please provide all information. An incomplete form may delay the processing of your request.

- Start New Deduction
- Change Routing Number or Account Number
- Add to Existing EFT Policy Number \_\_\_\_\_

I hereby authorize Shenandoah Life Insurance Company to make withdrawals from my account for the purpose of paying insurance premiums on the policies listed:

Accountholder Name (First, MI, Last)	Financial Institution Name
Mailing Address of Accountholder	Financial Institution Address
E-Mail Address: Telephone Number of Accountholder	Telephone Number of Financial Institution
Account Number	Transit Routing Number

- Check one:    Checking  ..... **For a Checking account, please attach a voided check.**
- Savings  ..... **For a Savings account, please ask your financial institution to verify that this EFT will be accepted and that the above information is correct. This verification is necessary as not all financial institutions will acknowledge an EFT debit to a savings account.**

Policy Number (if issued)	Premium Amount	Insured Name	Accountholder's Relationship to Insured
1.			
2.			
3.			
4.			

Please withdraw a total of \$\_\_\_\_\_ on the \_\_\_\_\_ of each month (please choose a day between the 1st and the 28th). If a day is not selected, Shenandoah Life will select the day nearest the premium due date.

This authorization will not apply to an alternate or additional policy until the alternate or additional policy has been delivered and the initial premium settled. **Written notification to discontinue OR to make a change to an EFT withdrawal must be received in our Home Office five (5) days prior to the next withdrawal date.**

I agree that the withdrawals on such Financial Institution shall constitute due notice of premiums being due upon the policy. The withdrawals reflected on my bank statement will constitute a receipt. **This authorization is revocable only upon receipt by Shenandoah Life Insurance Company of a written notice of revocation.** I understand that if any account withdrawal is not paid upon presentation and any premiums due on the policy are not paid within the time stipulated in the policy, insurance coverage may lapse or may be terminated by Shenandoah Life Insurance Company.

_____	_____
Name of Accountholder (please print)	Date
_____	<b>X</b> _____
	Signature exactly as it appears on bank signature card
_____	<b>X</b> _____
Name of Co-signer (please print)	Signature of Co-Signer (if applicable)