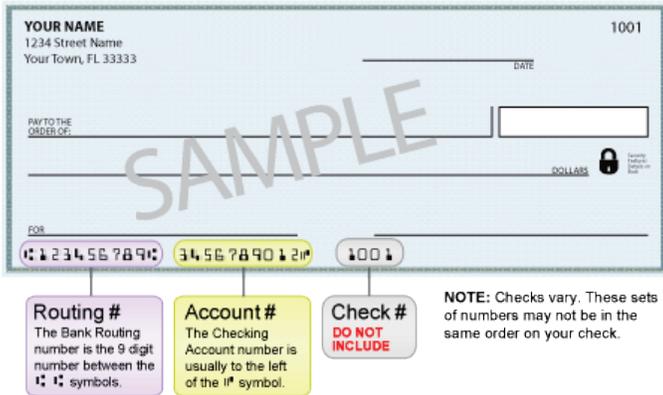




## Bank Draft Authorization Form

I hereby authorize GBU Financial Life (hereinafter called GBU) to initiate debit entries for premiums due on the insurance policies referred to in item number five (5) to my (our) account at the financial institution indicated.

<b>Bank Information</b>	Bank Name	
	Bank Address	
	Bank Branch, if any	
	Bank Phone	
<b>Account Information</b>	<input type="checkbox"/> Checking	
	Routing Number (9-digits)	
	Account Number	
	<input type="checkbox"/> Savings	
	Routing Number (9-digits)	
	Account Number	
Withdraw funds on the <input type="checkbox"/> <b>6th</b> or <input type="checkbox"/> <b>20th</b> day of the month. (Please choose one.)		



It is agreed that:

- 1) Notice of debit amounts will not be mailed. Premiums paid to GBU will appear on the bank statement.
- 2) This plan shall not be construed as a modification of any of the provisions of the certificates, as long as this plan is in effect.
- 3) The plan will remain in effect unless terminated by me or GBU upon thirty (30) days written notice.
- 4) If this premium method is discontinued for any reason, premiums for such insurance shall thereafter be payable annually, semi-annually, quarterly or monthly at GBU's rate in effect on the date of issue of such insurance.
- 5) This authorization shall apply to the following:

<b>Reference/ Policy Number(s)</b>	Reference/Policy Number	Comments
	A.	
	B.	
<b>Signature</b>	Legal Name (First, Middle Initial, Last)	Phone
	Address (Street, City, State, Zip)	
	Signature	Date
<b>Signature (If joint account)</b>	Legal Name (First, Middle Initial, Last)	
	Signature	Date

**Home Office Use Only**  
Effective Date \_\_\_\_\_

**GBU FINANCIAL LIFE**  
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