

**INFORMATION FOR ELECTRONIC FUNDS TRANSFER (EFT) PREMIUMS
FROM SAVINGS ACCOUNTS OR NON-TRANSACTIONAL ACCOUNTS**

I request that GPM Life use the following bank transit routing and account numbers for EFT premium payments on the applications and/or policies listed below.

Account Owner: _____

Bank Name and Branch Address: _____

Bank Contact (Not Required) and Phone Number: _____

Bank Transit Routing Number: _____

Account Number: _____

Policy Number	Insured Name

- ✓ A voided check is not available for my account.
- ✓ A preprinted deposit slip with my bank's transit routing and my account number is not available.
- ✓ I understand premiums will not be paid if drafting instructions are not accurate or not honored.
- ✓ I have signed and attached an authorization to honor withdrawals requested by GPM Life.

Date

Signature of Policy Owner

Date

Signature of Premium Payor, if different

Agent's Statement: I have verified the account information and bank transit routing number shown above as complete and accurate.

Date

Agent's Signature

Agent Number

Government Personnel Mutual Life Insurance Company (GPM Life)
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