

PREMIUM AUTHORIZATION WITHDRAWAL FORM

(Complete one form per Applicant)

Great Western Insurance CompanyMail policies to: PO Box 9160 Ogden, UT 84409-9160Phone: 866-252-5594Fax policies to: 801-689-1929Email: fepolicies@gwic.com

PROPOSED INSURED (Full legal name)															
First Name	Middl	e Init	ial				Last	t Nan	ne						
PAYOR INFORMATION															
□ Insured □ Owner □ Other Relationship:															
First Name	Middle	e Initi	e Initial				Last Name								
Street Address		City						State			Zip (Zip Code			
Phone Number	Date of Birth (mm/dd/yyyy)							Social Security Number							
Sex: Email Address Email Address															
BANK ACCOUNT INFORMATION															
Financial Institution (Bank Name):															
□ Checking □ Savings Contact your bank to verify EFT is allowed															
Routing Number (lower left corner of check) Bank Account Number (lower middle of check)															
CREDIT CARD INFORMATION															
Credit Card				Exp. 1	Date			С	VV						
☐ MasterCard ☐ Visa ☐ American Express ☐ Discover M M Y Y															
I hereby authorize Great Western Insurance Company (the Company) to initiate debit entries. If necessary, the Company may credit entries on the above named financial institution and account. This authorization is to remain in full force and effect until the Company receives written notice of its termination. The notice must be in such time and in such manner as to allow the Company and Depository reasonable time to act (minimum of three weeks). If I select a specific date for the first payment, I authorize the Company to withdraw on or after the specified date as indicated below.														oany tory	
First payment to be drafted immediately															
□ drafted on specific date:															
□ paid by check															
<u>Subsequent payments</u> to be drafted □Mo □Qtr □Semi □Ann on □ a specific day(1-28) □ 2nd Wednesday □ 3rd Wednesday □ 4th Wednesday													day		
Amount of Premium: \$														•	
Accountholder / Cardholder's Name (Please Print)															
Accountholder / Cardholder's Signature		Date													