

☐ **Ameritas Life Insurance Corp. of New York**  
P.O. Box 40888, Cincinnati, OH 45240  
877-280-6110, Fax 513-595-2218  
(Client Service Office)

☐ **The Union Central Life Insurance Company**  
P.O. Box 40888, Cincinnati, OH 45240  
800-319-6901, Fax 513-595-2218  
(Client Service Office)

## Electronic Fund Transfer (EFT)

Insured Name \_\_\_\_\_

Monthly Initial Premium Amount \$\_\_\_\_\_ to be electronically transferred\*? ☐ Yes ☐ No  
If No, and check is being mailed separately, make all checks payable to the company.

One-time initial draft for direct billing mode premium (check one): ☐ Quarterly ☐ Semi-Annual ☐ Annual

\* EFT not available for Initial Premium on Annuity products. Review the receipt to verify if the Proposed Insured qualifies to submit premium with the application. Note: Signing the Electronic Fund Transfer form does not mean that insurance is effective. Insurance is effective only if requirements of the Application for Insurance Receipt are satisfied.

POLICY NUMBER	PRINT NAME OF INSURED	PREMIUM PAYMENT	LOAN REPAYMENT	PREMIUM MGT. PAYMENT
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Effective Month and Day to begin automatic withdrawals: \_\_\_\_\_ / \_\_\_\_\_  
Month / Day

**On Universal Life and Variable Life policies, the Withdrawal Date must be on or prior to the policy date and cannot be after the 28th. (Does not apply to Union Central policies.) On Index UL Policies, the Withdrawal Date must be on the 25th of the month.**

The Company(ies) indicated above, hereby requested and authorized, subject to its approval, to draw checks, drafts or orders monthly, whether by electronic or paper means, to be charged against the (check one): ☐ Checking ☐ Saving ☐ Credit Union

Add to existing EFT? ☐ Yes ☐ No

Name of Bank Account Holder: \_\_\_\_\_  
Print Name as shown on Bank Records Bank Account Number

with \_\_\_\_\_  
Name of Bank and Branch Name, if any Transit/ABA Routing Number

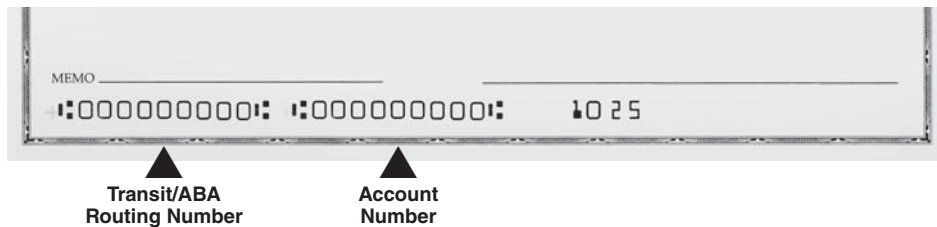
City where account is maintained (include street address if available)

### Requirements:

- Attach a copy of a Pre-printed Voided Check Here  
(Starter checks and Deposit Slips will not be accepted)

or

- Provide a letter from the bank indicating the ABA Routing Number, Account Number, and the Account Holder's Name for verification.



**IT IS UNDERSTOOD THAT:** Either or both of the above arrangements may be terminated by the Policy Owner or by the Company(ies) upon written notice. If the Bank Account Holder ("Payor") is other than the Policy Owner, the Company(ies) will terminate either or both of the arrangements upon written request of such Payor. Should the Premiums cease to be paid by Electronic Payment, the Company(ies) will accept payment of quarterly, semiannual or annual premium payments at the Company's published rates in effect as of the date of the policy.

For Policies Earning Dividends: Dividends cannot be used to offset Electronic Premium Payments. If dividends are currently being used to reduce premiums, please submit a dividend change form (UN 3379 B).

As a convenience to me (Payor and undersigned), I hereby request and authorize the Company(ies), to pay and charge to my account checks, drafts or orders, whether by electronic or paper means, drawn on my account by the Company(ies) to its own order. This authorization will remain in effect until revoked by me in writing, and until the Company(ies) actually receives such notice I agree that the Company(ies) shall be fully protected in honoring any such order.

I (Payor and undersigned) understand that premium payments are necessary to fund the policy. If my financial institution does not honor a withdrawal, I may be required to send the Company(ies) a replacement payment. If the Company(ies) does not receive a replacement payment within the time required, the policy may enter its grace period and then lapse. Once a policy lapses, it no longer offers life insurance coverage.

The bank shall be under no obligation to furnish me (Payor and undersigned) with any special advice or notice in writing or otherwise of the payment and charge of such checks, drafts, or orders to my account.



Date \_\_\_\_\_ Phone Number of Bank Account Holder \_\_\_\_\_ Signature of Bank Account Holder – as shown on Bank Records for the account to which this Authorization is applicable