

Initial Payment by Bank Draft (EFT) - Authorization Form for Symetra Life/American State Life Insurance Companies

Please attach a copy of a voided check or deposit slip or complete the information below for the account from which you wish to have your initial and future premiums paid by EFT.

	12-345 6789	0000
Mr./Mrs. Checkwriter Address City, State Zip	Date _____	
Pay to the Order of _____	VOID	\$ DOLLARS
Bank Name Branch		
For _____		
00000000000 00000 000 0000		

← **Tape voided check or deposit slip here.**

- OR -

Name on Account: Enter exactly as it appears on your check or deposit slip	_____
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Name:	_____
Routing Number:	_____
Account Number:	_____

← **Complete this section.**

If your face amount is \$1,000,000 or less and you answered “no” to the temporary insurance questions, you will be covered under the Temporary Insurance Agreement if you sign up for initial payment by EFT. This is subject to change if, during the underwriting of your application, we determine we are unable to offer the temporary coverage. Please refer to the Temporary Insurance Agreement, included with the Notice of Insurance Information Practices.

Note: For variable universal life policies, if you elect EFT for your initial premium payment, money from your initial payment will be allocated directly to the portfolios and/or fixed account in accordance with your instructions on the date your policy is effective.

Required for all EFT requests	
Draft Date:	_____
Draft dates cannot include the 29th, 30th, or 31st. The initial bank draft will be taken the next business day after the policy has been put in force. Future drafts will be taken on the draft date selected. To stop future drafts, contact our Customer Service Department at 1-877-796-3872.	

Applicant/Payor Signature

Date

Agent Instructions for initial payment EFT authorization form:

- 1) Remind your client to deduct the initial payment from their checking or savings account register, immediately.
The initial payment will be drafted immediately, when the policy is put in force.
Subsequent premiums will be deducted each month, on the selected draft date.
- 2) Attach a void check from the account to be drafted, **or** complete the account information section on the EFT authorization form.
- 3) Always indicate the draft date, where shown.
- 4) Have the applicant sign and date the form.
- 5) Send the completed form with the application, **or** if sending separately, FAX it to 1-425-376-8794.

Please be sure the information on the form is accurate, and that the client understands that their account will be drafted for the initial premium as soon as we issue the policy.

If there are changes to the EFT information, at any time, please have the client contact us. If we are not notified of a change, an EFT draw can be returned unpaid.

The most common causes for returned EFTs are:

- The account was closed.
- Incorrect account number
- Insufficient funds