

**COLONIAL SECURITY LIFE INSURANCE
COMPANY**

Bank Draft ACH
Authorization Form

Please direct mail to: PO Box 191029
Dallas, TX 75219-1029

Dallas Service Center
Tel: (800) 627-9507
Fax (214) 252-0312

Account Information

Customer Name: _____

Social Security Number: _____

Policy/Certificate Number: _____

The amount of the automatic debit may vary due to increases or decreases as the result of insurance plan changes and/or coverage changes made by you. You will be notified in advance for premium contribution changes prior to the due date, indicating the amount to be withdrawn.

Type of Authorization

Bank Draft Date

Initial Authorization Change of Authorization (for an established ACH)

Circle one (default is 10th): 10th 20th

NOTE: If the change of authorization box is checked because of a change in bank accounts or bank routing number, there will be at least a 35-day verification period during which no deposits or contributions will be made. Please call 800.627.9507 for instructions to ensure your account is kept current.

Financial Institution (if selecting savings account, complete this section ONLY – do not attach deposit slip)

Name of Financial Institution _____

Financial Institution's Address _____

City/State/Zip _____

Bank Account Number _____

Transit Routing (ABA) Number _____

Type of Account (check one)

Checking Account

Savings Account

Please confirm with your banking institution that your account can accept ACH debits and that you have provided the correct ABA for ACH transactions (ABA for ACH transactions is not necessarily the routing number provided on your checks or slips)

Acknowledgement and Authorization

As a convenience to me, I hereby request and authorize Colonial Security Life Insurance Company and the financial institution named above to initiate electronic entries from my checking or savings account.

I agree that your treatment of each entry shall be the same as if each such item were signed personally by me (or any joint owner). I further agree that such authorization, unless previously terminated by me in writing, is to remain in effect until 5 business days after receipt by you of my written notification to cancel the authorization.

I can have the amount of an erroneous charge immediately credited to my account up to 15 days following the issuance of my account statement or 45 days after posting, whichever occurs first.

Should any pre-authorized charge not be honored by said financial institution when received by them, it is understood that payment is to be made by me to Colonial Security Life Insurance Company in the amount of the then current payment due.

Signature (Account Owner)

Date

Signature (Joint Owner)

Date

Please attach a Voided check and return to:
Dallas Service Center
PO Box 191029
Dallas, TX 75219-1029

**PLEASE CONFIRM WITH YOUR BANKING
INSTITUTION THE CORRECT ABA NUMBER
FOR ACH TRANSACTIONS**
This number may be different than what is printed
on your check / deposit slips.

ATTACH VOIDED CHECK HERE

(No deposit slips, or starter checks – name must be printed on check)
If savings account selected, complete Financial Institution section in full only