



National Life Insurance Company®  
 Life Insurance Company of the Southwest®

**Electronic Funds Transfer (EFT) Authorization**  
 Please read this form completely before signing

**Required Fields: Policy/Contract Number, Insured/Annuitant, Recurring Premium or Loan, Frequency, Amount, Bank Information, Signatures.**  
 If any of these fields are left blank a 10 day notice may apply or it may cause a delay in processing.

**Policy/Contract Number:** \_\_\_\_\_ **Insured/Annuitant: (Full name)** \_\_\_\_\_ **Agency:** Venco Int'l. Insurance Service **Effective/Start Date:** Immediately

Payment Type	Frequency	Amount	Draft Date (1-31) (If no date is selected we will align with the policy effective date)
<input checked="" type="checkbox"/> Initial Premium <i>(this is a one-time payment only if no previous payments have been made)</i>	<input checked="" type="checkbox"/> Monthly (default if nothing is selected) <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	\$ _____	
<input checked="" type="checkbox"/> Recurring Premium <b>Note:</b> For Whole Life or Term policies drafts must align with the policy anniversary. Therefore monthly deductions may take place for a short period.	<input checked="" type="checkbox"/> Monthly (default if nothing is selected) <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	\$ _____	Every ____ of the Month

<input type="checkbox"/> Recurring Loan Premium <i>(this is used if you have a loan on your policy and would like to pay it back)</i>	<input type="checkbox"/> Monthly (default if nothing is selected) <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	\$ _____	
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- Please check this box if you agree that premiums may be deducted if they are **within \$25** of the amount included above. You will be given prior notification for any draft amounts that exceed this \$25 limit.
- Check this box if you would like to have one deduction from your bank account for all policies drafting on the same date from this bank information.

**Bank Information: Complete Routing No. and Account No. (For more accurate processing include a void check or deposit slip.)**

Name of Bank: \_\_\_\_\_ Account Type:  
 Checking  
 Savings

Name on Account: \_\_\_\_\_

Bank Routing No. (Cannot begin with 5)

Customer Account No. (Do not include check number)

**Signatures:**

I (we) request and authorize you to charge my (our) bank account, by pre-authorized electronic fund transfer for the purpose of paying premiums, loan repayments, or making deposits towards policies/contracts listed above (and/or attached). I (we) understand that recurring premiums will be initiated on my (our) chosen draft date, however, may take several days to clear.

Depositor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Owner's Signature (if other than Depositor): \_\_\_\_\_ Date: \_\_\_\_\_

Depositor's Mailing Address: \_\_\_\_\_

Depositor's E-Mail Address: \_\_\_\_\_ Depositor's Phone Number:  Home  Mobile  Work