Sentinel Security Life

BANK DRAFT AUTHORIZATION

By completing this form, you are authorizing recurring premium payments, which will continue until we receive notification from the account holder at least five business days prior to the next scheduled draft date. Please note that all past due premiums will draft at the time this request is processed.

PARTICIPANT INFORMATION

Name (please print your full name as it appears on your policy) _____ Policy No. _____

Mailing address (including apartment or box number) _____ Email address _____

City _____ State _____ ZIP code _____ 4-digit ext _____

Home telephone number _____ Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

PAYMENT METHOD

☐ Checking ☐ Savings

Accountholder Name: _____

Financial Instiution Name: _____

Address: _____

Routing/Transit Number **Account Number**

*Please attach a voided check to this form

PAYMENT FREQUENCY

Note: If this section is left blank, default payment is to draft monthly on the due date

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Beginning Date* (month and day)_____

* Drafts will begin on this date and continue to be initiated periodically on the day listed. If the day is different than the due date, we will draft prior to your due date on the day specified. **Please note that all past due premiums will draft immediately upon receipt of this request.**

ACKNOWLEDGEMENT: By signing below, I acknowledge full understanding of the following:

I authorize Sentinel Security Life Insurance Company to draft the bank account shown above for payment of all past due premium(s) that are due at the time of processing this request. I understand that authority to draft my account will remain in effect until I notify Sentinel Security Life at least 5 business days before due date to terminate my Direct Payment plan. I am aware that if the original draft is returned, Sentinel Security Life will make two additional attempts before removing my policy from Direct Payment.

Signature of Owner _____ Date _____

Signature of Account Holder (if different from Owner) _____ Date _____

A SEPERATE FORM FOR EACH POLICY IS REQUIRED