

## Electronic Funds Transfer (EFT) Authorization for Medicare Supplement Insurance

- Type or Print clearly and use blue or black ink.

### Account information

Complete this section if you are requesting electronic funds transfer (EFT) for premium payment.

Include a voided check with the application.

Draft date cannot be on the 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup> of the month. Requesting to have a draft date more than 10 days greater than the policy's paid to date will draft a month in advance.

This is an example of a personal check. A business check may be different.

Name

Account owner name, if different than proposed insured's

Account owner relationship to proposed insured:

- Business owned by proposed insured    
  Living trust    
  Employer    
  Power of Attorney  
 Conservator/guardian    
 Family member; specify \_\_\_\_\_

Initial premium:

- Draft initial premium upon policy approval  
 Draft initial premium on policy effective date

Payment mode:

- Annually  
 Monthly EFT

Total Modal Premium:

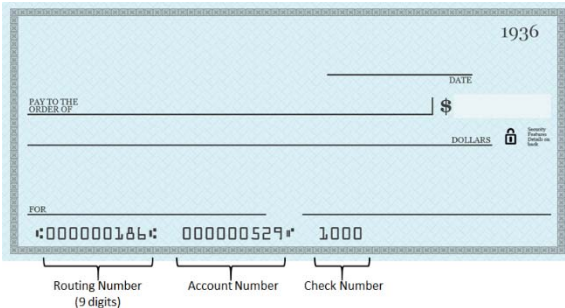
- Checking    
 Savings

Financial Institution Name

Routing number:

Account number:

Draft date if different from effective date:



### Electronic funds transfer (EFT) authorization

I understand and accept these terms and conditions:

- Union Security Insurance Company is authorized to withdraw funds periodically from your account to pay insurance premiums for the insured.
- If your financial institution does not honor an EFT request, we will NOT consider your premium paid.
- If your financial institution does not honor an EFT request, we may make a second attempt within five business days.
- We have the right to end EFT payments at any time and bill you directly either annually or monthly for premiums due.
- Information as to each EFT charge will be provided by entry on your account statement or by any other means provided by your financial institution. You will not receive premium notices from us.
- If you want to cancel or change this authorization, you must contact us at least three business days before a scheduled withdrawal, you may contact us at 1-833-552-0827.
- Any refund of unearned premium will be made to the policy owner or the policy owner's estate.

Signature only required if the account owner is different than the insured.

Signature of Account Owner

Date signed

**X** \_\_\_\_\_