Electronic Funds Transfer (EFT) Authorization

from Aetna Health and Life Insurance Company (AHLIC),
American Continental Insurance Company (ACI), and
Continental Life Insurance Company of Brentwood,Tennessee (CLI)

Aetna Health and Life Insurance Company

American Continental Insurance Company

Continental Life Insurance Company of Brentwood, Tennessee

Aetna Companies

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- Please fill in all appropriate information and sign where necessary.
- **Please print clearly** using blue or black ink.
- Include a voided check and modal premium with this form.
- Keep a copy of this form for your records.
- Please check your banking statements for payment activity after signing up for EFT.

Account information

Insured's name

.

Account owner name, if different than insured's

.

Account owner relationship to proposed insured: ◯ Business owned by insured ◯ Living trust ◯ Employer ◯ Power of Attorney ◯ Conservator/guardian ◯ Family member; specify .

Financial institution name

.

Financial institution address

.

◯ Checking ◯ Savings

Draft: ◯ Monthly ◯ Quarterly ◯ Semi-annually ◯ Annually

Include a voided check with this form.

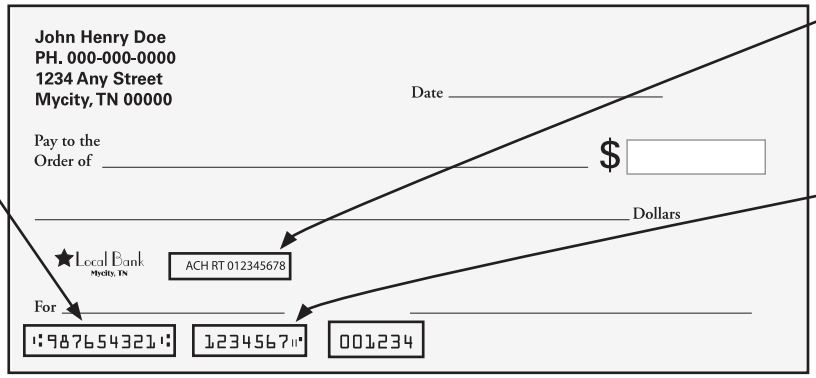
Routing number

.

Account number

.

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



For all other checks, use the nine-character bank **routing number**, which appears between the ⑆ symbols, usually at the bottom left corner of the check.

For checks with an **ACH RT (Automated Clearing House Routing) number**, please use this number.

The **account number** is up to 17 characters long and appears next to the ⑈ symbol at the bottom of the check and usually to the right of the bank routing number.

Electronic funds transfer (EFT) authorization

I understand and accept these terms and conditions:

- We are 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 quarterly or less frequently 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.
- Any refund of unearned premium will be made to the policy owner or the policy owner's estate.

Signature of account owner

X .

Date

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