



## Electronic Funds Transfer Authorization

Please Fax Completed Form to (949) 253-0924

Attn: Accounting

<b>Agent/Agency Name</b>	<b>Agent/Agency No.</b>
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Name on Account	Street Address	
City	State	Zip/Postal Code
Phone	Fax	
E-mail		

Name of Financial Institution	Street Address	
City	State	Zip/Postal Code
Phone	Fax	
E-mail	Contact	

Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other:	<small>(Specify type of account)</small>
Account Number				
Routing Number				

The undersigned hereby authorizes BEST Life and Health Insurance Company to initiate electronic credit entries to the bank account listed above for the entire amount due to me. I attach a deposit slip or voided check for the appropriate account. This authorization remains in full force and effect until BEST Life receives written authorization from me of its termination or change; in such time and manner to give BEST Life a reasonable opportunity to act on it.

I also authorize BEST Life to correct any entries from erroneous overpayments by debiting my account to the extent of such overpayments. In any event an electronic credit does not process I authorize a check issue instead, and hold BEST Life and Health Insurance Company harmless from any claims, fees, dues, interest, or charges arising from said event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_