



Premium Withdrawal Authorization

Complete One Premium Withdrawal Authorization for Each Insured

National Guardian Life Insurance Company (NGL) • PO Box 1191 • Madison WI 53701-1191
Phone 800.762.9883 • Fax 866.228.9927

Bank Account Information:

Financial Institution (Bank Name): _____

Routing # (lower left corner of check): _____ Bank Account # (lower middle of check): _____

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Authorization: I authorize National Guardian Life Insurance Company (NGL) to make a one-time initial and ongoing withdrawal(s) from my bank account specified above. **By signing below, I certify that I have read the withdrawal authorization disclosures on the reverse side of this form.**

Checking Savings* **Draft Date for Ongoing Withdrawal Only (1st-28th):** _____
(initial will be drawn immediately)

Amount of Premium Withdrawal: _____

Insured's Full Name (Please Print): _____
First Middle Last

Accountholder Name: _____
First Middle Last

Accountholder Signature: _____ Date: _____

***FOR SAVINGS ACCOUNTS, PLEASE CONTACT YOUR BANK TO VERIFY EFT IS ALLOWED AND TO VERIFY ROUTING AND ACCOUNT NUMBERS**

FOR INITIAL AND ONGOING WITHDRAWALS FROM A BANK ACCOUNT, PLEASE TAPE A VOIDED CHECK HERE AND COMPLETE THE FINANCIAL INSTITUTION, ROUTING NUMBER AND BANK ACCOUNT NUMBER.



Please no deposit slips.

Withdrawal Authorization Disclosures:

Initial Premium Withdrawal: I authorize National Guardian Life Insurance Company (NGL) to make a one time withdrawal from my bank account for the amount provided on this form, not to exceed the amount indicated in my policy contract. The draw will be started on the date the application is approved, but the actual date of withdrawal can vary due to holidays/weekends and is dependent on my Financial Institution. This withdrawal is for the purpose of collecting the initial premium for my policy. I authorize the financial institution to process the withdrawal as if I had signed it. In the event that the payment is not honored, NGL has the right to re-present the transaction. NGL also has the right to revoke this method of payment at any time.

Ongoing Monthly Electronic Funds Transfer (EFT): I authorize National Guardian Life Insurance Company (NGL) to electronically debit my bank account for the amount and date provided on this form or as stated in the policy contract I will receive. The actual date of deduction can vary due to holidays/weekends and is dependent on my Financial Institution. This authorization is to remain in effect until canceled. This method of payment can be canceled with five day advance written notice. In the event that the payment is not honored, NGL has the right to re-present the transaction. This method of payment will not change any of the provisions of my policy and unless indicated the draw will occur monthly. NGL has the right to revoke this method of payment at any time. This withdrawal is authorized only if I have selected ongoing withdrawals on the reverse side of this form.

Electronic Check Disclosure: When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. For inquiries please call 1.800.762.9883.