



## Request and Authorization for Electronic Funds Transfer (EFT)

1			,	
Name of payor (as shown on bank records)	Name and addre	Name and address of financial institution or branch, if applicable		
Account Type	Routing No.	Routing No.		
Account No.	<u> </u>			
☐ CHECK to use information from attached voided c	heck. Form must be signed, d	ated, certificate numbers prov	ided, and payment selected.	
Debit and credit card numbers are not acceptable.	, ,	F	, p,	
been and cream cara manuscrip are not acceptable.				
I hereby request and authorize Royal Neighbors of A electronic transfer, for the certificates listed below:	merica to withdraw funds fr	rom the account indicated ab <b>PAC ID:</b>	ove, either by check or by	
Name of insured/annuitant	;	Certificate No.	Loan repayment amount* (if applicable)	
			_	
*Minimum loan renaym	ent amount is \$5.00. Indica	te even dollar amounts only.		
I would like the payment withdrawn on the				
· · ·	• • • • • • • • • • • • • • • • • • • •	s selected the withdrawal date	•	
processing date of the prior withdrawals or the certifi				
I understand and agree that this request is subject to t form which I acknowledge receipt of on the date sho		ne attached pre-authorized co	ollection (PAC) explanation	
To the	e financial institution nam	ed ahove:		
I hereby request and authorize you to pay and charge			der of Royal Neighbors of	
America, by check or electronic transfer, as if each su	uch item were signed persor	nally by me. This authorization	on shall remain in effect	
until revoked by me in writing and I agree you shall I				
dishonored for any reason, you shall be under no liab	ility even if such dishonor r	esuits in the forteiture of ins	urance or membership.	
Date	Signature of payor (as	Signature of payor (as shown on bank records)		
☐ New address				
Telephone number (include area code)	Street address			
relephone number (include area code)	Street address			
Email address	City, State, and ZIP			
	<u>Instructions</u>			
1. The payor (the person from whose account with	·	st complete, sign, and date	this form.	
2. The name of insured and the certificate number				
this form may be used for multiple existing co			-	





marked "VOID." For a savings account, send verification of routing and account numbers from the financial institution. The payor

3. The completed form should be sent to the Home Office. If withdrawals are from a checking account include a blank check





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This plan is an arrangement where a payor authorizes Royal Neighbors of America to make withdrawals from her/his account to pay premiums and/or membership fees and/or loan repayments. Withdrawals will be made by check or electronic transfer. Use of this plan is subject to the following conditions:

- 1. **Frequency**—The normal payment frequency is monthly. The payor may choose the day that withdrawals will process. Annual, semi-annual, and quarterly withdrawals are also available.
- 2. **Payment Notices**—Payment notices will be discontinued for all certificates for which premiums and/or membership fees are to be paid under this plan.
- 3. **Premium Rate**—Some traditional life insurance certificates provide for a special reduced monthly PAC rate. Annual, semi-annual, and quarterly rates are the same as those stated in the certificate. If use of this plan is terminated, premium billing must be paid at the rates and frequencies stated in the certificate. If payments are being paid monthly by PAC, the mode of payment will be changed to quarterly as we do not allow monthly direct payments.
- 4. **Withdrawal Amount**—The minimum withdrawal amount under this plan is \$2.00. The total amount of any withdrawal is the sum of the premium and/or membership fees and/or loan repayment amounts for all certificates requested by the payor to be included in the plan. We will notify the payor in writing or by telephone at least ten days in advance of any required increase in the withdrawal amount.
- 5. **Loan Repayments**—The minimum loan repayment amount is \$5.00. A loan interest due notice is billed directly to the owner approximately two weeks prior to the certificate anniversary date even if loan payments are being paid by PAC. Interest which is not paid when due is added to the loan principal.
- 6. **Certificate Provisions**—Use of this plan does not waive, extend, or change any certificate provision, except that dividends may not be applied to reduce any premium paid under this plan.
- 7. **Termination**—Use of this plan may be terminated by Royal Neighbors of America upon 30 days written notice to the payor. The payor may terminate this plan by providing notice to Royal Neighbors of America in time to allow a reasonable opportunity to act on such notification. Royal Neighbors requires a minimum of two days to act on such notification. If this plan is terminated for any reason, the payor will receive payment notices for the certificates unless notification to send separate notices to the insured is received by Royal Neighbors of America. In addition, Royal Neighbors of America may terminate the payor's use of the plan immediately if any charge is not paid upon presentation. If payments are being paid monthly by PAC, the mode of payment will be changed to quarterly as we do not allow monthly direct billing.

Contact us at the address or telephone number shown on the authorization form page if you have any questions about the plan. Please keep us informed of any changes regarding your account. If any changes occur, a new authorization may be needed. You may access a new authorization form from our website at www.royalneighbors.org.







