

NATIONAL CATHOLIC SOCIETY OF FORESTERS

320 S. School Street – Mount Prospect, IL 60056-3334 – 1.800.344.6273 – www.ncsf.com

CREDIT / DEBIT CARD PAYMENT AUTHORIZATION AND ELECTRONIC FUNDS TRANSFER (EFT)

PLEASE TYPE OR PRINT – NCSF IS NOT RESPONSIBLE FOR DRAFTS WHICH ARE NOT HONORED.

PAYER'S FULL NAME PRIMARY PHONE NO. E-MAIL ADDRESS

ADDRESS / APT. NO. CITY STATE ZIP

THIS AGREEMENT AUTHORIZES: I would like to pay my initial payment: EFT Credit Card
CHECK ALL THAT APPLY I would like to pay my subsequent payments: EFT Credit Card
I have a: Change in Existing Account Loan Payment: \$_____

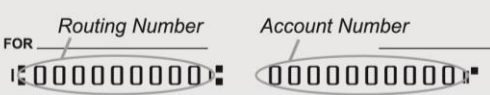
PAYMENT FREQUENCY: Monthly Quarterly Semi-Annually Annually

SCHEDULE: a) **PAYMENT IS THE 1ST DAY OF THE MONTH**
– if your effective date is the 1st through the 14th day of the month.
b) **PAYMENT IS THE 15TH DAY OF THE MONTH**
– if your effective date is the 15th through the 28th day of the month.
– if you have a loan.

CERTIFICATE INFORMATION: Insured Name *(please print)* Certificate Number *(if existing account)*
NOT FOR NEW BUSINESS _____

EFT INFORMATION

EFT Checking EFT Savings

FOR *Routing Number* *Account Number*
 _____
ROUTING NUMBER ACCOUNT NUMBER

BANK / BRANCH NAME BANK PHONE NO.

CREDIT / DEBIT CARD INFORMATION

Visa Mastercard Amex Discover If a debit, the card must have a credit card icon.

CARD NUMBER CARD EXP. DATE CSV NUMBER (3 DIGITS ON BACK OF CARD)

PAYER'S BILLING ADDRESS / APT. NO. CITY STATE ZIP

AUTHORIZATION AGREEMENT

I authorize National Catholic Society of Foresters (NCSF) to withdraw funds from my checking/savings account or credit card, identified in this form, to pay premiums on my life insurance policy. This authorization will remain in effect until NCSF has received a signed and dated written request from me to terminate this agreement – or if NCSF is notified by my institution that a draft has not been honored.

ACCOUNT HOLDER'S SIGNATURE DATE

FREQUENTLY ASKED QUESTIONS

1) What happens if my financial institution does not honor a withdrawal?

Premium payments are necessary to keep your certificate in force; therefore, if your financial institution does not honor a withdrawal, you will be required to send us a replacement payment before we will put you back on the EFT plan.

If *two* withdrawals are not honored, you will be ineligible for the EFT plan and will be required to submit monthly payments via check or money order.

2) How can I cancel the EFT or credit card agreement?

Submit your signed and dated request *one month* prior to the date you want the draw to end.

- a) **MAIL:** NCSF EFT Processing
320 S. School St.
Mount Prospect, IL 60056
- b) **FAX:** 847-342-4556
- c) **EMAIL:** info@ncsf.com