



Federal Life Insurance Company (Mutual)

3750 West Deerfield Road • Riverwoods, Illinois 60015 • (800) 233-3750

Request for Electronic Funds Transfer

Contract Owner's Name

Contract Number(s)

I authorize Federal Life Insurance Company (Mutual) to initiate deductions from my bank account with the routing number listed below. I understand and agree that this authorization remains in effect until discontinued by the Company or me upon thirty (30) days written notice. If the Company is unable to deduct payments from my account, I (or the contract owner) must pay the premium directly when due to keep the insurance coverage in force. If I do not specify a process date below, the Company will assign one.

I request that the Company immediately deduct all premiums due to pay my insurance coverage up to date. I would like subsequent premiums deducted from my account according to the process date selected below:

Process Date (1st to the 28th) Payments will be deducted one to three business days after the process date.

Account Type: Checking Savings

Routing Number _____ Bank Account Number _____

Bank Account Holder's Name

Print _____ Sign _____ Date _____

Please attach voided check or deposit slip.