



WILLIAM PENN ASSOCIATION

709 Brighton Rd., Pittsburgh, PA 15233-1821 • 412-231-2979 • Fax: 412-231-8535 • Toll-Free: 1-800-848-7366

Authorization to WPA for Electronic Funds Transfer (EFT) of Premium Payments From Bank Account

New Request Change Cancel

Payor Name(s): _____

Phone No: _____ Email Address: _____

Bank Name:	_____		Bank Phone No:	_____	
Routing No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account No:	_____		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Effective Date:	_____		<input type="checkbox"/> 1st of Month	<input type="checkbox"/> 15th of Month	
EFT Frequency:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually	
This authorization shall apply to the following:					
<u>Life or Annuity</u>	<u>Certificate #</u>	<u>Member Name</u>	<u>Amount Authorized</u>		
_____	_____	_____	\$ _____		
_____	_____	_____	\$ _____		
_____	_____	_____	\$ _____		

I hereby authorize William Penn Association (WPA) to initiate Electronic Funds Transfer (EFT) payments from my financial institution to pay life insurance and/or annuity premiums, including for any adjustments when necessary, for the certificate(s) specified above.

I understand that:

- (1) Notice of EFT payments will not be mailed to me. The transactions will appear on my bank statement.
- (2) WPA reserves the right to refuse or terminate electronic payments at any time.
- (3) I may change or cancel this authorization by completing a new "Authorization to WPA for Electronic Funds Transfer (EFT) of Premium Payments From Bank Account" form and submitting my completed form to WPA.
- (4) Processing of this form may take up to thirty (30) days after it has been received by WPA Treasury Department.
- (5) Sufficient funds must be kept in payor's bank account to cover these EFT payments.
- (6) If my scheduled withdrawal date is not a business day, the payment will post on the following business day.

YOU MUST INCLUDE ONE OF THE FOLLOWING WITH THIS FORM:

- 1) If Checking Account: An Original Voided Check (No Starter Checks)
 - 2) If Savings Account: A Letter from your Financial Institution specifying the Bank Account Owner's Name, the Account Number & Routing Number
- ***** INCOMPLETE OR INACCURATE APPLICATIONS WILL BE RETURNED *****

Payor's Signature: _____

Date: _____