



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 style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" 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: _____