



WPA Life

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

***** ALL FIELDS MUST BE COMPLETED *****

*INITIAL/NEW REQUEST CANCEL CHANGE

Payor Name: _____

Phone Number: _____ Email Address: _____

Bank Name: _____ Bank Phone #: _____

Routing #

Type of Account: Checking Savings

Account #

Effective Date: MONTH / YEAR

EFT Frequency: Monthly Quarterly Semi-Annual Annual Date of Month: 1st 5th 10th 15th 20th 25th

This authorization applies to the following certificates:

Certificate Number	Member Name	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Initial premium will be drafted on the next nearest draft date following application approval. New requests on existing policies with premium due will be drafted on the next nearest draft date. Renewal premiums will be drafted according to your election above.

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.

1. I certify that I am an authorized signer on this account.
2. Notice of EFT payments will not be mailed.
3. WPA reserves the right to refuse or terminate electronic payments at any time.
4. Funds must be kept in payor's bank account to cover EFT payments. All returned items are subject to bank fees.
5. Processing the completed initial form may take up to 2 weeks after it has been received by WPA Treasury Department.
6. If scheduled withdrawal date is not a business day, the payment will post on the following business day.
7. Incomplete forms will be returned.

***** PLEASE NOTE *****

Copy of voided check or letter from your financial institution with name, account number & routing number is requested but not required.

Payor's Signature: _____ Date: _____