



CLIENT SERVICES DEPARTMENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear Policyholder:

Thank you for your interest in our Electronic Funds Transfer (EFT) payment plan. In order to ensure that EFT debits will be drawn from your account we will require the following:

- The enclosed EFT Authorization form completed for your new account.
- For withdrawals made from a checking account we require a voided check from your new checking account. For withdrawals from a savings account, we require a copy of your bank statement. Be certain to complete the Transit/Routing numbers (*check with the bank*) and the Account number on the Authorization form as well.
- The account holder's signature on the bottom of the EFT authorization form. This is your authorization to Boston Mutual to automatically issue debits to your account. (*If this is a joint account, both signatures are required.*)
- Please call our Client Services Department at (877) 624-2249 to find out if you will need to send a payment with your request.**

**Your request cannot be processed without these requirements. Please mail this completed form to the address or fax number noted above. If you have any questions, contact our Client Services Department at (877) 624-2249.**



*For Home Office Use Only*

EFT# \_\_\_\_\_

POLICY#s \_\_\_\_\_

\_\_\_\_\_

- **REQUEST FOR ELECTRONIC FUNDS TRANSFER PLAN** -

**NEW REQUEST**

**CHANGE/ADDITION**

*Please list any existing EFT Policies below:*

Policy #	Insured Name	Policy #	Insured Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby request and authorize the Financial Institution indicated below to pay and charge debits to my account drawn by and payable to the order of Boston Mutual Life Insurance Company, Canton, Massachusetts, for the purpose of making said payments listed below.

**Preferred Billing Date each month:**

- 1st     
  5th     
  10th     
  15th     
  20th     
  25th *(automatic option if no date is chosen)*

Checking *(Attach a voided check)*

Statement Savings \* *(Attach a copy of your bank statement. Account balances are not needed.)*

*\* EFT is not available for passbook savings accounts.*

Name as shown on Account: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Transit/Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

**Additional Requests:**

In addition to my premium, please deduct \$ \_\_\_\_\_ to reduce policy loan.

In addition to my premium, please deduct \$ \_\_\_\_\_ for PDF *(Premium Deposit Fund)\*\**

*\*\* Please call our Client Services Department to verify if this option is available.*

Comments: \_\_\_\_\_

**PLEASE NOTE:** If you require that your monthly EFT draft be stopped for any reason, Boston Mutual Life Insurance Company must be notified ***at least 7 days before*** the draft date, otherwise, the Company may not be able to honor your request.

This authority is to remain in full force and effect until Boston Mutual Life Insurance Company, Canton, Massachusetts has received written notification from me of its termination in such time and in such manner as to afford Boston Mutual Life Insurance Company and your Financial Institution a reasonable opportunity to act on it. I also authorize any future account changes to be made by me via telephone, in lieu of a signed form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature(s) as shown on bank records

\_\_\_\_\_  
Signature of joint account holder *(if applicable)*