

# EFT Form

## electronic funds transfer

PO Box 81889 / Lincoln, NE 68501  
phone 800.659.2223 / fax 402.467.7338



### request and authorization for bank payment plan

It's the simplest method of paying your premium. No more checks to write! It's automatic and reliable. We call it electronic funds transfer (EFT for short). It allows for peace of mind however you do business — whether it's online or through the mail.

**Online:** Groups that receive invoices online, you have the freedom to choose when we debit your account. When you're ready, just visit our website, [ameritasgroup.com](http://ameritasgroup.com), sign into your secure account and click PAY BILL. We'll draft your premium payment right away.

**Mail:** Groups that receive their invoices through the mail, just authorize us to debit your account each month and we'll do the rest. It's the forget-proof method of paying your premium.

### authorized agreement for prearranged payments (debits)

Group Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

Policyholder Name \_\_\_\_\_

Policyholder Contact \_\_\_\_\_

☐ New Authorization

☐ Change of Account

☐ Checking Account

☐ Savings Account

I hereby authorize Ameritas to initiate debit entries to the account number listed below, and at the bank named below, herein called BANK, to debit the same to such account. The EFT draft will be monthly or quarterly, whichever payment option was selected, on or about the first day of the coverage period.

Bank Account Number \_\_\_\_\_ Bank Routing Number (9 digits) \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number of Financial Institution \_\_\_\_\_

### To ensure a timely and effective setup, it is necessary to send a voided check with this request.

This authorization is to remain in full force and in effect until BANK has received written notification of its termination in such time and such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to have the amount of an erroneous debit immediately credited to his/her account by BANK up to 15 days following issuance of statement of account or 45 days after the charge, whichever comes first.

Name (Print) \_\_\_\_\_ Title of Authorized Signer \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_