



P.O. Box 14399  
Lexington, KY 40512-9700

# Electronic Funds Transfer Terms and Electronic Check Authorization

from Aetna Life Insurance Company  
and its affiliates (Aetna)

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- Print clearly and use blue or black ink.

## 1. Usage Guidelines

### Requirements:

- The faxed check method can only be used for **initial premium payments** when the recurring method of payment will be **electronic funds transfer**. This method cannot be used for a one time direct bill quarterly, semi-annual or annual mode.
- The check must be entirely completed. We will not accept faxed checks with missing information such as: pay to, date, written amount, dollar amount, signature, etc.
- The agent will properly destroy the original check once faxed and received at the home office.
- Please submit a copy of the check and this form with your New Business submissions.

## 2. Electronic funds transfer (EFT) authorization

Your agent will submit your application for insurance and your initial payment request to the home office via facsimile (fax).

I understand and accept these terms and conditions:

By signing this form, you authorize Aetna to initiate an electronic funds transfer from your bank account according to the terms of the check. This means your check will be converted to an electronic transaction. Your agent will destroy your original check after it is faxed and received at the home office.

- We are authorized to withdraw funds periodically from your account to pay insurance premiums for the insured.
- If your financial institution does not honor an EFT request, we will NOT consider your premium paid.
- If your financial institution does not honor an EFT request, we may make a second attempt within five business days.
- We have the right to end EFT payments at any time and bill you directly either quarterly or less frequently for premiums due.
- Information as to each EFT charge will be provided by entry on your account statement or by any other means provided by your financial institution. You will not receive premium notices from us.
- If you want to cancel or change this authorization, you must contact us at least three business days before a scheduled withdrawal.
- Any refund of unearned premium will be made to the policy owner or the policy owner's estate.

I hereby authorize Aetna to draw an electronic funds transfer from my checking account to pay for this insurance policy. **Future premiums for this insurance policy will be deducted from this checking account until you notify us to change your billing.**

Account holder signature

Date signed

Amount to apply

**X**

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\$

(Signature of Account holder as it appears on bank records)

Please include any applicable policy fees. Make check payable to the appropriate underwriting company.

Thank you.