



**REQUEST FOR RECURRING ELECTRONIC FUNDS TRANSFER (EFT) AND/OR LOAN PAYMENT PLAN**

**PEKIN INSURANCE COMPANY**

2505 Court Street Pekin, Illinois 61558 Fax: 309/478-2045

PEKIN LIFE INSURANCE COMPANY  PEKIN INSURANCE COMPANY (Including The Farmers Automobile Insurance Association)

New Recurring Electronic Funds Transfer  Addition to Existing Plan  Change of Bank  Change of Withdrawal Date

Agency Number \_\_\_\_\_ Requested Withdrawal Date \_\_\_\_\_

Pekin Life Insurance Company or Pekin Insurance Company, hereinafter referred to as the Company, is hereby requested and authorized to initiate a monthly withdrawal against my (our) bank account for the purpose of collecting premiums on the policies listed below, subject to the following conditions:

- (1) The recurring EFT requested herein shall not be effective until approved by the Company.
- (2) No premium notices shall be given except when determined to be necessary by the Company.
- (3) This request may be terminated by the policyowner, or by the depositor if other than the policyowner, or by the Company at any time upon written notice. This authority is to remain in full force and effect for up to 10 business days after the Company has received written notification from me of its termination so as to afford the Company a reasonable opportunity to act.
- (4) If this request is terminated for any reason, any premium then due, and all subsequent premiums, shall be payable as provided in the policy.

**Life Only Policies:** Draw an additional amount of \$ \_\_\_\_\_ (minimum \$15.00) beginning in the month of \_\_\_\_\_ to reduce the loan on Policy Number \_\_\_\_\_. If at any time this additional payment exceeds the amount necessary to complete the loan repayment, the excess will be refunded, and this portion of the agreement will terminate.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
 Signature of Policyowner other than Depositor      Signature of Depositor      Signature of Depositor      Date  
 (only if loan repayment is being requested)

POLICY / ACCOUNT NUMBERS

NOTE: Separate requests are required for Life and Property/Casualty policies unless billed under the same Uniplan account.

**AUTHORIZATION AGREEMENT FOR RECURRING ELECTRONIC FUNDS TRANSFER WITH PEKIN INSURANCE COMPANY**

To: \_\_\_\_\_  
(Financial Institution Name)

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

I (we) hereby authorize and request the Company to effect payment for premiums payable by me to the Company by initiating debit entries including checks, drafts, and other orders whether by electronic or paper means, to the account indicated below at the financial institution named above. I (we) authorize and request you, as a convenience, to honor and accept debit entries initiated by the Company to my account and to debit the same account. I (we) understand that if the debit entries under this authorization are returned for insufficient funds or otherwise dishonored, I (we) will promptly send to the Company the total payment and any return item fees. I (we) understand the Company is not responsible for any fees initiated at the financial institution for this transaction. I (we) further agree that if any such debit is not paid by you for any reason, with or without cause or whether such nonpayment is intentional, inadvertent or otherwise, you shall be under no liability whatsoever, even though such nonpayment results in the forfeiture of insurance.

This authority is to remain in full force and effect for up to 10 business days after the Company has received written notification from me of its termination so as to afford the Company a reasonable opportunity to act.

Checking  Savings

\_\_\_\_\_  
Customer Name(s)      Date      Financial Institution Account Number

X \_\_\_\_\_  
Signature(s)\*      Transit Routing Number

\*Your signature(s) as shown on financial institution records and as used in the account.