



Security National Life Insurance Company

5300 South 360 West, SLC UT 84123 | P.O. Box 57220, SLC UT 84157-0220

(801) 264-1060 | Toll Free: (800) 574-7117 | Fax: (866) 666-4450

Electronic Funds Transfer (EFT) Authorization Agreement To Security National Life Insurance Company (SNL)

Customer Name: _____

Account Holder's Name: _____

Relationship to Insured: _____

Address of Bank: _____

Checking Account #: _____

or

Savings Account #: _____

Nine Digit Bank Transit #: _____

Date to Draft: _____ Amount to Draft: _____ Home Phone #: _____

I authorize SNL to initiate debit entries to my checking or savings account, indicated above, and authorize the financial institution (bank) named to debit my account for payment of my SNL account(s). I understand this authorization is subject to the terms and conditions of the EFT agreement. I understand that should my draft date fall on a weekend or holiday, SNL will draft my premium payment on the latest business day prior to my requested draft date.

EFT can only be drawn on the bank account of Policy Owner, Insured, or Policy Payor (must be listed on application as payor), not a company, funeral home, agent or other third party .

1. This arrangement may be terminated with respect to any or all contracts listed below by SNL, or by me upon written notice to the other party. Until such notice is actually received by SNL, SNL shall be fully protected in drawing the EFT.
2. I understand that if any EFT is dishonored by my bank and if any monthly amount due SNL is not paid within the time stipulated on the contract, the contract shall lapse except as otherwise provided therein.
3. During the continuance of this arrangement SNL shall not be required to send payment notices on any contract I have authorized to be included hereunder.
4. If I change banks or bank accounts and I want to continue using EFT, I must sign a new Authorization Agreement.
5. This Authorization shall not be effective for any contract for which an application is pending until such contract is actually issued.
6. I will pay a returned-item fee as specified by the bank or SNL for any debit entry that is returned to SNL for insufficient funds.
7. The EFT will apply to the following contracts:

Name: _____ Contract #: _____

Name: _____ Contract #: _____

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing false, incomplete or misleading information may be guilty of a felony of the third degree.

This Authorization to be accompanied by a voided check, deposit slip, or bank statement that contains the name on the account and the bank account and routing numbers.

Date: _____ Signature: _____

Authorized Account Holder

Witnessed by:

Agent #: _____ Signature: _____

Security National Life Insurance Company

P.O.Box 57220 • Salt Lake City, UT 84157-0220 | 5300 South 360 West, Suite 250 • Salt Lake City, UT 84123

Toll Free: (800) 574-7117 • Fax: (866) 397-9668

Please visit www.securitynationallife.com for a complete copy of our privacy statement.