



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I hereby authorize Slovene National Benefit Society to initiate withdrawals from my account at the financial institution named in this application for payments of premium or loans and deposits to annuities, and authorize the financial institution to charge such withdrawals to my account. I understand that both the financial institution and Slovene National Benefit Society reserve the right to terminate this payment plan and/or my participation therein. I also understand that I may discontinue enrollment at any time with written notice to Slovene National Benefit Society.

Yes, sign me up for Electronic Fund Transfer.

Customer Name: _____
(as it appears on your bill)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Social Security #: _____

Policy Number(s): _____
(as it appears on your bill)

Name on checking or savings account: _____
(if different from Customer Name)

Name of Financial Institution: _____

Address of Financial Institution: _____

Choose one account below from which payment will be automatically deducted:

_____ Checking Account (Enclose a blank check marked "VOID")

_____ Statement Savings Account (No Passbook Accounts)

Ask your financial institution for the following:

Account Number: _____ ABA Routing Number: _____

Signature: _____ **Date:** _____

Return completed form to:

*Debra Heinz
New Business/General Services Department
Slovene National Benefit Society
247 West Allegheny Road
Imperial, PA 15126*