



# ManhattanLife Insurance Company

PO Box 926169, Houston, TX 77092 Fax: 1-855-710-6864

## Voluntary Benefits Bank Draft Authorization

Policy Number(s): \_\_\_\_\_

Name of Account Holder (Print First Name, MI, Last Name): \_\_\_\_\_

Name of Owner (if different from Account Holder) (Print First Name, MI, Last Name): \_\_\_\_\_

Debit/credit on the  date of policy (1-28 only; 29 - 31 not available). **If no election is made, debits/credits will be made on the first day of the month. Debits for the initial premium will be made when the policy is issued. Recurring payments will be debited on the day selected.**

**Authorization for Automatic Payment by Bank Draft**

Bank Draft Information (Attach Voided Check)

Route and Transit Number:  Account Number:

Bank Name and Address: \_\_\_\_\_

ManhattanLife Insurance Company shall not incur any liability if a draft is returned unpaid by the bank. Drafts which do not clear within the time stipulated in the policy for payment of premium shall constitute nonpayment of premiums and coverage shall lapse subject to non-forfeiture provisions.

As a convenience to me, I request and authorize **ManhattanLife Insurance Company** to make deductions automatically every payment period for payments of premiums from my:  savings account  checking account

1. Your payment mode will remain the same as it is today. Your premium amount will reflect the new method of payment.
2. Each debit/charge shall constitute proper notice of premium due and will be made on the day selected above or, if no day is selected, the day of policy.
3. This Authorization shall not become effective unless and until the policy is issued.
4. This Authorization shall not be construed as modifying any provisions of the policy.
5. This Authorization may be discontinued by ManhattanLife Insurance Company or by the undersigned at any time within FIVE (5) business days prior to the payment date. Upon termination of this Authorization, premiums for the policy will be payable on the same billing date.
6. Once set up on bank draft, ManhattanLife will draft any premiums due to pay the policy current.

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Owner (if different from Account Holder): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If bank draft, please attach a voided check.**