



# WESTERN CATHOLIC UNION

A Fraternal Benefit Society Since 1877  
510 Maine Street, Quincy, Illinois 62301  
(800) 223-4928 – (217) 223-9721 – Fax (217) 223-9726  
www.wculife.org



## AUTOMATIC PREMIUM PAYMENT AUTHORIZATION

### INFORMATION

Annuitant/Insured: \_\_\_\_\_

Owner (if other than annuitant/insured): \_\_\_\_\_

Joint Owner (if applicable): \_\_\_\_\_

Certificate #(s): \_\_\_\_\_

### OPTIONS (Choose ONE)

- Withdraw premium on date of issue and same day each month thereafter.
- Withdraw premium on the \_\_\_\_\_ day of each month.  
(1<sup>st</sup> – 28<sup>th</sup> only)
- Immediately withdraw premium upon issue; then withdraw premium on the \_\_\_\_\_ day of each month thereafter.  
(1<sup>st</sup> – 28<sup>th</sup> only)

### BANK INFORMATION

Amount: \$ \_\_\_\_\_

Account Type:  Checking (include voided check – no deposit slips)  Savings

### **IF VOIDED CHECK IS NOT PROVIDED, OR SAVINGS IS SELECTED, COMPLETE BANK INFO**

Name on Bank Account: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

### **BANK AUTHORIZATION SIGNATURE**

- I hereby authorize Western Catholic Union (WCU) to withdraw any amounts owed by initiating debit entries from my account at the financial institution indicated above. In the event of a transactional error, I authorize WCU to make correcting credit/debit entries to my account.
- Certificate Owner is responsible for the accuracy of the payment information.
- ACH will remain in effect until terminated by me or WCU upon written notice.

Bank Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

### SIGNATURE(S)

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)