

Authorization Agreement for Automatic Withdrawals (ACH Debits)

I hereby authorize Gleaner Life Insurance Society to initiate debit entries and if necessary, credit entries and adjustments for any debit/credit error to my account at the depository indicated below.

Depository Name: _____

Branch: _____

Branch Address: _____

City, State, Zip: _____

Branch Phone Number: _____ Account Number: _____

CHECKING ACCOUNT

SAVINGS ACCOUNT

I understand that Gleaner Life Insurance Society requires ten (10) business days advance written notice to make any change to this payment agreement. Changes include, but are not limited to, the submission of updated bank account information and/or termination of this payment agreement. Further, I understand that if my written notice of change is submitted less than ten (10) business days prior to my scheduled debit date, it may not be possible for Gleaner to prevent the previously authorized debit and Gleaner will not be held responsible for any bank charges incurred.

Signature
Date

<u>INSURED NAME</u>	<u>CERTIFICATE NUMBER</u>	<u>AMOUNT</u>	<u>DEBIT DATE *</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* The day of the month you would like to have the debit drawn.

PLEASE ATTACH A BLANK VOIDED CHECK

