

**PREAUTHORIZED  
PAYMENT PLAN**

Office Use Only  
Doc Code: 64  
WQ: 211

Policy Number	Name of Insured

I authorize CMFG Life Insurance Company\* and the financial institution named below to retain my account information and initiate deductions or credits to my account either by electronic funds transfer or paper draft. This authorization will remain in effect until revoked by me in writing or by telephone.

Indicate the day (1-26) of the month you prefer draft to occur:

**If you do not specify a day of the month, deductions will be determined by the policy due date. Actual deduction from your account will occur two business days after draft date.**

Please select payment frequency:  Annual  Semiannual  Quarterly  Monthly

**\*\*REQUIRED FIELDS**

**\*\*Checking Account Number** \_\_\_\_\_ **\*\*Routing Number** \_\_\_\_\_

Financial Institution \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone Number

Financial Institution Address \_\_\_\_\_  
Street City State ZIP Code

**\*\*Signature of Account Owner: X** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Area Code Account Owner Telephone Number

**A confirmation letter will be mailed to you before your first payment is deducted from your account.**

\*Includes its subsidiaries and affiliated companies.

For Share Draft/  
Checking Account  
deductions, please  
tape a blank VOIDED  
check here.



YOUR NAME 1234 YOUR STREET YOUR TOWN, USA	1444
PAY TO THE ORDER OF _____	\$ _____
<b>VOID</b>	
_____ DOLLARS	
<b>YOUR CREDIT UNION OR BANK</b>	
MEMO _____	
:123456789: 4500009733 1444	

Routing Number Account Number

Please return to CMFG Life Insurance Company, P.O. Box 61, Waverly, IA 50677

To expedite this request for **existing policies**, you may either fax this form to us at 608.236.8030 or visit our Web site at: [www.eservice.cunamutual.com/billing](http://www.eservice.cunamutual.com/billing) and select the option to Setup/Change Automatic Payment Plan.