



# Recurring Electronic Fund Transfer (EFT) Authorization

Nationwide Life Insurance Company  
Nationwide Life and Annuity Insurance Company  
PO Box 182835, Columbus, OH 43218-2835  
Phone: 800-848-6331 • Fax: 888-677-7393 • nationwide.com

To avoid delays in processing, please complete all sections.

## 1. General Information (please print)

### Owner's Information:

Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
(If more than one policy, list in Section 5 below)  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Producer's Name: \_\_\_\_\_

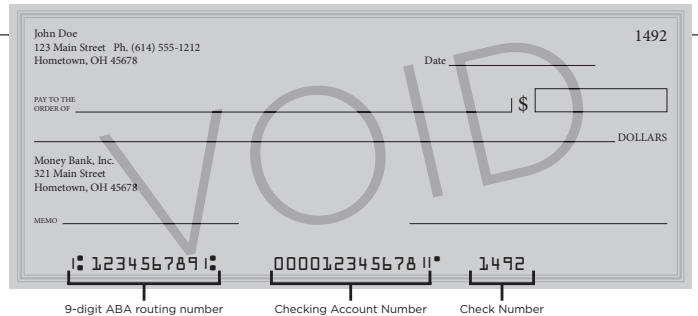
## 2. Request Type

Purpose for submitting this authorization (Check appropriate box):

New Recurring EFT Payment Authorization  Change Existing Recurring EFT Payment Authorization

## 3. EFT Authorization

Name on the Account: \_\_\_\_\_  
Financial Institution Name: \_\_\_\_\_  
Type of Account<sup>2</sup> (select one):  Checking  Savings  
Transit/ABA Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Draft Amount<sup>3</sup>: \$ \_\_\_\_\_  
Draft Date (1st-28th)<sup>4</sup>: \_\_\_\_\_



Draft Frequency<sup>5</sup> (select one):  
 Monthly  Quarterly  Semiannual  Annual

<sup>2</sup> If account type is not selected, checking will be used.  
<sup>3</sup> If your policy number begins with an "L", the draft amount is not elective. Premium amount is predetermined. Contact Nationwide to verify the amount that should be listed here.  
<sup>4</sup> If your policy number begins with "B1" or "UØ" the draft date must be the 15th.  
<sup>5</sup> Quarterly, Semiannual and Annual draft frequencies are only available for Term or Whole Life Policies.

## 4. Authorization and Signature(s) (required)

By signing this agreement, you authorize Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company to electronically deduct and/or correct by electronic credit your life insurance premium payments from the bank account listed on this form as allowed by US law. This authorization applies to all policies listed on this form.

Account Holder Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

(Policy Owner signature is only required if the account holder and the owner are different people)

## 5. Premium Application

**NOTE:** Section 5 is only required to be completed if this EFT arrangement will apply to more than one policy. If it will apply to only one policy, you can skip Section 5.

The Total Payment is to be applied as follows: (If more than (4) policies, include on additional page) Policy Number

Policy Number	Insured	Payment Amount <sup>1</sup>

<sup>1</sup>Payment amounts must total the authorized amount in Section 4. If the EFT Authorization will cover payment to more than one policy, you will see separate withdrawals for every policy premium payment authorized. The full amount withdrawn will be equal to the amount authorized in Section 4.

## 6. Important Information

If this account is a joint account, authorization by one account owner constitutes authorization by all account owners - whether a current owner of this account or added after this agreement is signed.

Where the owner of the account is a corporation, please provide a letter from the company or bank confirming the individual who is authorized to sign checks on behalf of the company. This authorized person must sign this form as the account holder.

**Account Verification:** The following documents are recommended to verify ownership of the account provided:

**DO NOT STAPLE OR TAPE THE RECOMMENDED DOCUMENTS TO THIS FORM.**

- **Checking Accounts:** Please include a pre-printed voided check with this authorization. Starter checks and deposit slips will not be accepted.
- **Savings Accounts:** Please include a letter from the bank, signed by a bank representative, which indicates the ABA routing number, the account number and the account holder's name for verification.

The debit to your account will occur no earlier than the draft date provided above.

Prior to submitting this form, please check with your financial institution to confirm that your account permits electronic fund transfers (or ACH Debits). Some institutions do not permit debits, or if they are permitted, may require a different routing or account number to be used.

## 7. Terms and Conditions

**Insufficient Funds** - If sufficient funds are not available on the draft day, you authorize us to make a second draft attempt within 5 business days. Your bank may charge a fee for these attempts if sufficient funds are not available. Nationwide does not charge a fee for these attempts. If sufficient funds are not available after the second attempt, Nationwide will contact you to resolve any issues related to outstanding premium.

**Stopping Automatic Payments** - Your authorization allows us to continue taking premium payments from this account, or making deposits to it until you tell us to stop, upon policy termination or upon the payment of my last scheduled premium payment, whichever occurs first. To withdraw your authorization, you or your representative must notify us by calling 800-848-6331. Please provide notification to us at least 10 days in advance of when our authorization should end. Doing so allows us and your bank to take action.