



## BANK DRAFT AUTHORIZATION

By signing below, I am authorizing the National Slovak Society of the USA (NSS Life) to draft the amount indicated directly from my bank account. I understand that receipt of funds by NSS Life does not indicate an immediate issuance of a policy contract. All applications are subject to review and/or underwriting guidelines prior to issuance.

**PLEASE CALL 724-731-0094 OR 1-800-488-1890 IF YOU HAVE ANY QUESTIONS**

### Initial Premium Payment:

Certificate #: \_\_\_\_\_

I, \_\_\_\_\_, authorize the National Slovak Society to withdraw \$ \_\_\_\_\_

from my Bank Account indicated:     Checking                       Savings

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

Print Name as listed on bank account: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

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

### Recurring Premium Payments:

By completing this section, I am also authorizing the National Slovak Society of the USA (NSS Life) to draft future amounts, as indicated below, directly from my bank account as indicated in the section above. I understand the bank draft will continue, as directed, on the date and frequency selected, and in the amount indicated, until NSS Life receives written notice to stop the bank draft.

Amount to withdraw: \$ \_\_\_\_\_

Beginning Effective Date: \_\_\_\_\_

Preferred Day of Withdrawal:     5<sup>th</sup>     15<sup>th</sup>     20<sup>th</sup>                       Other \_\_\_\_\_

### Frequency:

Monthly

Quarterly

Semi-Annually

Annually