

**REQUEST FOR ELECTRONIC FUND TRANSFER PLAN  
KNIGHTS OF COLUMBUS, NEW HAVEN, CT**

*If this contract is to be added to an existing EFT draft, it is not necessary to complete this form. Just indicate policy number(s) where draft is already occurring:*

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

I (we) authorize the Knights of Columbus to initiate electronic fund transfers (EFT's) (debit entries) for the payment of said premiums from my \_\_\_ checking account or \_\_\_ savings account.

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Payor Name(s) Please print depositor name as it appears on bank records.

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Bank Name	Routing/Transit Number	Account Number
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Location of Branch	City	State
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**IT IS AGREED THAT:**

1. My bank has been authorized to accept EFT's made by Knights of Columbus against my account, to cover payments of monthly premiums.
2. The EFT's shall be made on or about the premium due date of the contract, unless otherwise requested. EFT's when paid, will constitute receipts for premiums. As long as this provision is in effect, payment due notices will not be sent.
3. I understand that if any such EFT is dishonored by my bank and any monthly amount due the Knights of Columbus is not paid within the allowable grace period, the insurance contract shall become null and void except as otherwise indicated within the contract language.
4. The Order may terminate this EFT agreement if any EFT is not paid upon presentation. The Plan may also be discontinued by the Order or by the undersigned, at any time, upon 30 days written notice.

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Signature of Bank Depositor (same as signature on file with the bank)	Date
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Signature of Contract Owner (if other than depositor)	Date
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**REMARKS:**

**ATTACH VOIDED CHECK HERE**

If voided check is not available, attach letter from banking institution verifying account information.

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