



WESTERN CATHOLIC UNION

P.O. Box 410, 510 Maine
Quincy, IL 62306
800-223-4928
www.wculife.org

AUTOMATIC PREMIUM PAYMENT PLAN

I hereby authorize Western Catholic Union and the Financial Institution named below to process entries to my account in accordance with my instructions. The authority will remain in effect until I give notification, satisfactory to Western Catholic Union to terminate this authorization.

Name on Bank Account (Please print)

Name of Applicant/Owner, if different

X

Signature of Account Holder

Date of Authorization

Withdrawal Date

Type of account:

Checking Account

Account Number

Routing Number

Savings Account

Account Number

In the amount of

Routing Number

Copy of voided check attached.

Name of Financial Institution

Address of Institution

City, State, and Zip Code

Apply to account number