



WESTERN CATHOLIC UNION

A FRATERNAL BENEFIT SOCIETY
510 Maine Street, Quincy, Illinois 62301
(800) 223-4928 – (217) 223-9721
Fax (217) 223-9726
www.wculife.org



AUTOMATIC PREMIUM PAYMENT AUTHORIZATION

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

Signature of Account Holder

Date of Authorization

Withdrawal Day
(1ST – 28TH Only)

TYPE OF ACCOUNT

___ Checking Account _____ \$ _____
Routing Number _____ In the amount of _____

Account Number

___ Savings Account _____ \$ _____
Routing Number _____ In the amount of _____

Account Number

___ Copy of **voided check** attached.

Name of Financial Institution

Address of Financial Institution

City, State, and Zip Code

Apply to Account Number