



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

PLEASE CHOOSE ONE OPTION

- Withdraw premium on date of issue and same day each month thereafter
- Withdraw premium on the _____ day of each month (Please enter withdraw day wanted . . . 1ST – 28TH only)
- Immediately withdraw premium upon issue; then withdraw premium on the _____ day of each month thereafter (Please enter withdraw day wanted . . . 1ST – 28TH only)

If the premium withdrawal day falls on a weekend or holiday . . . premium should be withdrawn the following business day.

TYPE OF ACCOUNT (Please attach copy of VOIDED CHECK for Checking Account)

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

Account Number _____

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

Account Number _____

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution

Address, City, State, and Zip Code of Financial Institution

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

Apply to Certificate Number(s)