



WESTERN CATHOLIC UNION

A Fraternal Benefit Society Since 1877

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



AUTOMATIC PREMIUM PAYMENT AUTHORIZATION

OPTIONS (Choose ONE – please enter withdraw day wanted . . . 1st – 28th only)

- ☐ Withdraw premium on date of issue and same day each month thereafter.
- ☐ Withdraw premium on the _____ day of each month.
(1st – 28th only)
- ☐ Immediately withdraw premium upon issue; then withdraw premium on the _____ day of each month thereafter.
(1st – 28th only)

BANK INFORMATION (Please attach copy of VOIDED CHECK for Checking Account)

Account Type: ☐ Checking ☐ Savings In the amount of \$ _____

Name on Bank Account: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing #: _____ Account #: _____

SIGNATURE OF AUTHORIZED ACCOUNT HOLDER

I hereby authorize Western Catholic Union and the Financial Institution named above 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.

Bank Account Holder: _____ Date: _____

OTHER INFORMATION

Printed Name of Applicant/Owner: _____
(If different than Bank Account Holder)

Apply to Certificate #(s): _____