



WCU FINANCIAL

ESTABLISHED IN 1877
FAITH | STRENGTH | SECURITY

Western Catholic Union
A Fraternal Benefit Society
510 Maine St, Quincy, IL 62301
217-223-9721 • Fax: 217-223-9726
www.wculife.org

AUTOMATIC PREMIUM PAYMENT AUTHORIZATION • • EXISTING CERTIFICATE(S) • •

INFORMATION

Annuitant/Insured: _____

Owner (if other than annuitant/insured): _____

Joint Owner (if applicable): _____

Certificate #(s): _____

INSTRUCTIONS

Withdraw premium on the _____ day of each month.
(1st – 28th only)

BANK INFORMATION

Amount: \$ _____ Account Type: Checking (attach voided check below – no deposit slips) Savings

IF VOIDED CHECK IS NOT PROVIDED, OR SAVINGS IS SELECTED, COMPLETE BANK INFO

Name on Bank Account: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing #: _____ Account #: _____

BANK AUTHORIZATION

- I hereby authorize Western Catholic Union (WCU) to withdraw any amounts owed by initiating debit entries from my account at the financial institution indicated above. In the event of a transactional error, I authorize WCU to make correcting credit/debit entries to my account.
- Certificate Owner is responsible for the accuracy of the payment information.
- ACH will remain in effect until terminated by me or WCU upon written notice.

Signature of Bank Account Holder: _____ Date: _____

SIGNATURE(S)

Owner: _____ Date: _____

Joint Owner: _____ Date: _____
(if applicable)

