



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

INFORMATION

Annuitant/Insured: _____

Owner (if other than annuitant/insured): _____

Joint Owner (if applicable): _____

Certificate #(s): _____

OPTIONS (Choose ONE)

LIFE ONLY

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

☐ Withdraw premium on date of issue; then on the same day each month thereafter.

LIFE or ANNUITY

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

☐ Withdraw premium **ONE TIME ONLY** on date of issue.

FLEXIBLE ANNUITY ONLY

☐ Withdraw \$ _____ on date of issue; then \$ _____ on the _____ day each month thereafter.
(1st – 28th only)

☐ Withdraw \$ _____ on date of issue; then \$ _____ on the same day each month thereafter.

BANK INFORMATION

Amount: \$ _____

Account Type: ☐ Checking (include voided check – 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. **(Does NOT apply to ONE TIME w/d)**

Signature of Bank Account Holder: _____ Date: _____

SIGNATURE(S)

Owner: _____ Date: _____

Joint Owner: _____ Date: _____
(if applicable)