



# 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 • • 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.  
(1<sup>st</sup> – 28<sup>th</sup> 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)

**ATTACH VOIDED CHECK HERE**