GCU 5400 Tuscarawas Road, Beaver, PA 15009
P 855.306.0607 E forms@GCUusa.com

Authorization for Electronic Payment (Debit) from Checking or Savings Account

(For transferring funds from your Financial Institution to your GCU Policy or Contract)

Section 1. Payment Election *(check one)*

☐ **Initial Premium Only** — Draft my initial premium one time upon approval of my application. No further drafts are authorized.

☐ **Initial Premium Plus Recurring Drafts** — Draft my initial premium upon approval of my application AND continue recurring drafts in the amount and frequency I have selected in Section 4 below.

Section 2. Owner Information

First Name: _____ Last Name: _____ Policy/Contract Number(s): _____

Address: _____ Social Security Number: _____

City/State/ZIP: _____ Date of Birth (MM/DD/YYYY): _____ Phone: _____

Email Address: _____ Is this a new address? ☐ Yes ☐ No

Section 3. Banking Information

Financial Institution's Name: _____ Financial Institution's Phone: _____

Account Type: ☐ Checking ☐ Savings Name(s) on Account (First, Middle, Last): _____

Bank Routing Number (ABA No.): _____ Bank Account Number: _____

Section 4. Payment Amount and Frequency

Initial Premium Amount: $ _____ The initial premium will be debited upon approval of my application.

Recurring Draft Amount: $ _____ *(Complete only if Initial Premium Plus Recurring Drafts is elected in Section 1. This amount must match the selected modal premium.)*

Desired Frequency of Recurring Drafts: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

** Recurring draft dates will follow the approval date of the application according to the frequency selected. If a different day of the month is desired, a new form is needed after issue.*

Section 5. Authorization and Signature

I hereby authorize GCU to initiate electronic payment entries and to initiate, if necessary, electronic deposits and adjustments for any entry in error to my (our) account indicated above at the financial institution named above, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until GCU has received written notification from me (or either of us) of its termination in such time and in such manner as to afford GCU and DEPOSITORY a reasonable opportunity to act on it.

Owner's Signature Required: _____ Date _____