



P.O. Box 1535
Dubuque, IA 52004-1534

Recurring EFT Debits Authorization Form

By completing and signing this form as an authorized signer on the bank account presented below, I grant Companion Life Insurance Company permission to charge/debit the bank account for the amount due on outstanding Companion Life invoices on or after the invoice's due date. Once initiated, you may verify EFT transactions directly with your bank.

This authorization is to remain in full force and effect until Companion Life Insurance Company has received written notification of its termination from me.

Group & Banking Information

Policyholder Name: _____

Policyholder ID Number (if available): _____

Policyholder Contact Name: _____

Policyholder Contact Phone: _____

Policyholder Contact Email: _____

Bank Name: _____

Bank Address: _____

Bank Phone Number: _____

Bank Routing Number (9 digits): _____

Account Number: _____

Account Type: Checking Savings

Please attach a voided check for the designated account.

(Note that Companion Life may initiate a zero dollar pre-note authorization to verify your banking information).

Authorization

Signature: _____ Date: _____

Name (please print): _____

Scan and email the completed form to CompanionBilling@companionlife.net or fax it to 563 557-3350. If you have any questions, please contact Companion Life customer service at 877-676-5789.