



# SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

P.O. Box 78 • Jackson, MS 39205 • 601-981-7422 • www.sfbli.com

1. Complete this form to electronically draft SUBSEQUENT PREMIUM PAYMENTS.
2. **ATTACH A VOID CHECK OR OTHER PRINTED DOCUMENTATION** (E.G. BANK STATEMENT, COPY OF ACCOUNT CARD, ETC.) TO VERIFY BANK ACCOUNT INFORMATION.
3. Be sure to list all policy numbers to draft below.

## AUTHORIZATION AGREEMENT FOR EFT PAYMENTS

I hereby authorize the financial institution specified below to honor electronic debit entries or drafts on my account by Southern Farm Bureau Life Insurance Company to cover premiums insuring \_\_\_\_\_. Such debit entries or drafts are to be charged to my account with said bank in the same manner as if personally drawn by me. It is understood that the Company assumes no responsibility for bank charges on these drafts.

It is understood that such debit entry or draft shall constitute notice of premium due. Should any debit entry to draft not be paid by said bank for any reason, then it is understood that this method of premium payment shall terminate and that premiums shall be payable annually directly to the Company.

List policy numbers:	_____	Bank Name _____
	_____	City _____ State _____
	_____	Name on Account _____
	_____	Is this a joint account? <input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	Joint Account Holder (if any) _____
	_____	Bank Routing/Transit Number _____
	_____	Account Number _____
	_____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	_____	Preferred Withdrawal Date _____
Select Mode:	<input type="checkbox"/> Monthly	
	<input type="checkbox"/> Semi-annual	
	<input type="checkbox"/> Annual	
	<i>* If a mode is not selected, monthly will be the default.</i>	
Change my:	<input type="checkbox"/> physical address	<input type="checkbox"/> mailing address as shown on voided check
	_____	<b>Signature of Depositor/Premium Payor</b> <span style="float: right;"><b>Date</b></span>
		(If Corporate Payor, Signature of Appropriate Corporate Officer)
	_____	<b>Joint Account Holder's Signature (required if joint account)</b> <span style="float: right;"><b>Date</b></span>

Email: [Service@sfbli.com](mailto:Service@sfbli.com) Fax: 601-981-2832