



PREMIUM AUTHORIZATION WITHDRAWAL FORM

(Complete one form per Applicant)

Great Western Insurance Company

Mail policies to: PO Box 9160 Ogden, UT 84409-9160 • Phone: 866-252-5594

Fax policies to: 801-689-1929 • Email: fepolicies@gwic.com

PROPOSED INSURED (Full legal name)

First Name	Middle Initial	Last Name
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PAYOR INFORMATION

Insured Owner Other Relationship: _____

First Name	Middle Initial	Last Name
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Street Address	City	State	Zip Code
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Phone Number	Date of Birth (mm/dd/yyyy)	Social Security Number
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Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address
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BANK ACCOUNT INFORMATION

Financial Institution (Bank Name): _____

Checking Savings *Contact your bank to verify EFT is allowed*

Routing Number (lower left corner of check)	Bank Account Number (lower middle of check)
<input type="text"/>	<input type="text"/>

CREDIT CARD INFORMATION

Credit Card	Exp. Date	CVV
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover	M M Y Y	

I hereby authorize Great Western Insurance Company (the Company) to initiate debit entries. If necessary, the Company may credit entries on the above named financial institution and account. This authorization is to remain in full force and effect until the Company receives written notice of its termination. The notice must be in such time and in such manner as to allow the Company and Depository reasonable time to act (minimum of three weeks). If I select a specific date for the first payment, I authorize the Company to withdraw on or after the specified date as indicated below.

First payment to be drafted immediately
 drafted on specific date: _____
 paid by check

Subsequent payments to be drafted Mo Qtr Semi Ann on a specific day _____ (1-28)
 2nd Wednesday 3rd Wednesday 4th Wednesday

Amount of Premium: \$ _____

Accountholder / Cardholder's Name (Please Print) _____

Accountholder / Cardholder's Signature _____ Date _____