



EFT Is Now Available!

Authorization for Electronic Funds Transfer

Name _____

Address _____

City _____ State _____ Zip _____

PLEASE INCLUDE A VOIDED CHECK.....

Bank Name _____

Bank Routing _____ (#'s on bottom left hand side of check)

Bank account number _____

Checking ___ Savings ___ (X one)

Type of bank account: Personal or Commercial (circle one)

Certificate number 00000-_____

Deduction Authorization

I authorize Comerica Bank or MEA Financial Services to debit/credit my bank account as payments on my policies become due. The amount due, as indicated on my advance premium notice, will be the amount withdrawn on the due date. I agree that if a debit/credit is dishonored, the Bank or MEA Financial Services shall have no liability even if the dishonored debit/credit results in the foreclosure of my Life insurance. This authority is to remain in full force until Comerica Bank or MEA Financial Services and the above named bank have each received written notice from me of its termination in such time and in such manner as to afford Comerica Bank or MEA Financial Services and the above named bank a reasonable opportunity to act on it.

This information will be used by Comerica Bank or MEA Financial Services only for the processing of insurance premiums and will be kept strictly confidential.

Note: All bank draft returns for Insufficient Funds, Account Closed or Bounced Checks will be subject to a \$35.00 fee.

Insured's signature _____ Date _____

Bank account holder's signature _____ Date _____
(If other than the insured)

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