



**Lafayette Life
Insurance Company**

A member of Western & Southern Financial Group

The Lafayette Life Insurance Company

400 Broadway
Cincinnati, OH 45202-3341
toll free 800.243.6631
fax 888.558.9329

Email: IndividualOperations@llic.com

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

I authorize The Lafayette Life Insurance Company to make payments from my policy/contract by electronic funds transfer, whenever possible, to my account at the Financial Institution referred to below. This authorization shall be effective until The Lafayette Life Insurance Company receives written notice from me at its Home Office amending or terminating this authorization.

It is agreed that The Lafayette Life Insurance Company is relieved of any further liability for such payments or for the application of the funds after they have been transferred in accordance with this authorization.

The Financial Institution referred to below shall incur no liability for the application of funds after deposit to my account, other than normal banking liabilities. (Because of the continual fluctuation in exchange rates, this needs to be a United States bank.) I further authorize the Financial Institution to charge my account and refund any overpayments to The Lafayette Life Insurance Company.

LAFAYETTE LIFE POLICY/CONTRACT NOS. OR APPLICATION NO. _____

A SAMPLE VOID CHECK (FOR A CHECKING ACCOUNT) OR SAMPLE DEPOSIT
TICKET (FOR A SAVINGS ACCOUNT) **MUST** ACCOMPANY THIS FORM

Name of Financial Institution

Account Number

Street Address of Financial Institution

Date Signed

Post Office Box of Financial Institution

Signature of Policyowner/Payee/Depositor and title
if owner is a corporation or trust

City, State, Zip of Financial Institution

Signature of Joint Policyowner/Payee/Depositor and
title if owner is a corporation or trust

- Check one:
 Checking account
 Savings account

Telephone number of Policyowner/Payee

