

### Electronic Funds Transfer (EFT) Authorization

Reset Form



Policy Number(s): 003172442

Insured(s) Name: Elizabeth Kufro

Account Holder Name: Elizabeth Kufro  
(Please Print Clearly)

Name of Financial Institution: Hidden River Credit Union

Financial Institution Address: 60 Westwood Rd Pottsville, PA 17901

NAME ADDRESS CITY, STATE ZIP		DATE	0123 01-23-0700
BANK NAME ADDRESS CITY, STATE ZIP		DOLLARS	
CITY		State	Zip Code
100 1 23 4 56 78 9 0	0 1 23 4 56 78 90 1 2 3 4	0 1 2 3	
Bank Routing Number	Bank Account Number	Check Number	

**Type of Account:**  Personal - Checking  Personal - Savings  
 Business - Checking  Business - Savings

Bill/Draft with policy number(s): \_\_\_\_\_

Only enter United States Checking or Savings account information below or attach a copy of a voided check. We do not accept foreign funds, Credit Cards, Non-Bank Investment Accounts or Money Market Accounts at this time and if entered may cause the policy to lapse.

Routing Number	Account Number
2 3 1 3 8 5 2 8 0	9 0 5 0 0 7 7 8 8 3

Requested monthly draft date: 1

Select a draft date between the 1st and 28th of the month, otherwise the draft date will be the day of the month on which the policy's monthly Anniversary date occurs. If you request a draft date more than 10 days after the day of the month on which the policy's monthly Anniversary date occurs, the draft will occur before, not after the premium is due. An immediate draft may need to be released if the requested draft date for the current payment due has already passed. (A draft date of the 29th, 30th or 31st is not available.)

I authorize Farmers New World Life Insurance Company (the Company) to initiate electronic funds transfer (EFT) withdrawals, including back premiums and immediate draft(s), by debiting my account indicated above. I authorize my financial institution to pay and charge such amounts to my account. I understand that if, at any time, I change financial institutions and/or accounts, a new form will need to be submitted. I agree that the Company's rights in regard to each such withdrawal shall be the same as if it were a check written to the Company and signed personally by me. This authority is to remain in effect until the Company has received appropriate notice of its termination, in such time and manner as to afford the Company a reasonable opportunity to act upon it.

I understand and agree the Company shall be fully protected in honoring any such withdrawal. I understand and agree that in the event any such withdrawal returned by my financial institution, whether with or without cause and whether intentionally or inadvertently, the Company shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance. I understand and agree the Company, at its discretion, may make or discontinue withdrawals from my account while this authorization is in effect. In the event of a dishonored draft for "Non-Sufficient Funds," a replacement draft may be submitted to the account. In addition, I understand it's my responsibility to ensure payments are being withdrawn.

Elizabeth Kufro  
Signature of Authorized Account Holder  
(As it appears on account)

self  
Relationship to Insured/Annuitant

5/16/2022  
Date

107 S Center St  
Account Holder Street Address

Frackville PA 17931  
City State Zip Code

Is this a new address?  Yes  No

Elizabethkufro0802@gmail.com

570)400-1713  
Account Holder Phone Number

Account Holder Email Address

Farmers New World Life Insurance Company  
Life Home Office: 3120 139th Ave SE Suite 300, Bellevue, WA 98005 / 1-800-238-9671  
Mailing address: PO Box 248831, Oklahoma City, OK 73124  
Variable Policy Service Office: PO Box 724208, Atlanta, GA 31139 / 1-877-376-8008

Original to FNWL / Copy to Customer