



**ELECTRONIC FUNDS TRANSFER -
THE SAFE AND COST-EFFECTIVE
WAY TO MAKE YOUR PAYMENTS!!**

Do you want to save postage, ensure your payments aren't lost in the mail and make sure your payments are always received on time?

Then WSA's Electronic Funds Transfer (EFT) option is right for you! With the EFT option you never have to write a check, bother with postage or worry about lapsed coverage or late fees. Instead, the payment is taken out of the account of your choosing on the 5th day of the month that it is due. This is a free service provided by WSA.

You can cancel the service at any time by simply notifying us in writing of your desire to cancel. Changing accounts is also as simple as providing WSA with the new account information.

To initiate this service please complete the information below and return it to WSA with a voided check (checking account) or deposit slip (savings account).

AUTHORIZATION AGREEMENT

I authorize WSA Fraternal Life to start an automatic periodic charge to my checking or savings account at the financial institution I have indicated on this agreement. I also authorize said financial institution to reduce my checking/savings account balance each period by the amount of that charge.

I realize that the charge will be automatically made on the 5th of each month just as if I wrote a check or withdrawal slip each period, and it will appear on my bank statement.

I want this charge to continue automatically until I contact WSA to request otherwise. I agree to allow WSA reasonable time to effectuate any change request.

I understand that WSA Fraternal Life and my bank have the right to discontinue this service if either elects to do so.

I understand that if there are insufficient funds at the time my account is debited, the account may be debited a second time at a later date in the same month. I also understand that there may be additional charges from both my bank and from WSA for any unsuccessful debit.

Name: _____ Phone: _____

WSA Fraternal Life Payer / Annuity / Mortgage Number: _____

Bank Name: _____ Bank Phone: _____

Bank Address: _____

Bank Account Number: _____

This is a Checking Account Savings Account (mark one)

INCLUDE A VOIDED CHECK (CHECKING) OR DEPOSIT SLIP (SAVINGS) AS APPLICABLE

Signature

Date

**Return by Fax to: 303-459-5154 or by mail to: PO Box 351920, Westminster, CO 80035-1920
Call 303-451-1494 with questions**