



Mail To: Nationwide Life Insurance Company  
 Nationwide Life and Annuity Insurance Company  
 P.O. Box 182835  
 Columbus, OH 43218-2835  
 1-800-543-3747  
 TDD # 1-800-238-3035  
 Fax: 1-614-677-6189  
 www.nationwide.com

## NATIONWIDE LIFE PREMIUM PAYMENT BY ELECTRONIC FUND TRANSFER AUTHORIZATION

**This form is required. Please print clearly, complete the form and provide all requested documents to avoid a delay in collecting premium. We require at least 10 business days to make the changes requested below.**

Policy Number: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Policy Owner's Name: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Address (Street, City, State, Zip) \_\_\_\_\_

Bank Account Holder's Name(s): \_\_\_\_\_

Transit/ABA Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_ (If policy begins with "L", amount is not elective. The premium is predetermined.)

Monthly Draft Day (1<sup>st</sup> - 28<sup>th</sup>) \_\_\_\_\_ (Monthly draft day will default to the policy issue day (monthly anniversary) if blank. If policy begins with "B" or "U" (except B5) the draft day must be the 15<sup>th</sup>. If sufficient funds are not available on the draft day, a second draft attempt will be made within 5 business days. Your Financial Institution may charge a fee for these attempts if sufficient funds are not available.)

**Please Select One:**

- Checking (Requirements: Copy of Pre-printed Voided Check. Starter checks will not be accepted.)
- Savings (Requirements: Letter from the bank indicating the ABA Routing number, Account number, and the Account Holder's Name for verification.)

- When submitting a company check, provide a letter from the company or bank confirming authorization of individual to sign on company checks. This person must sign this form as Account Holder.
- Verify with your financial institution that your account permits electronic funds transfers (ACH debits). Some institutions do not permit debits or if permitted, they may require a different routing or account number to be used.

**Please Start Draft:** (If left blank, draft will start in first possible month.)

- On the Monthly Draft Day I selected, in the first possible month. (May result in a draft in current month.)
- In \_\_\_\_\_ (We will notify you if we must draft sooner due to premium requirements.)  
 (Month)

I hereby authorize Nationwide Life Insurance Company (hereafter called the "Company") to initiate debit entries to my checking/savings account indicated above and the Financial Institution named above (hereafter called the "Financial Institution") to debit the same such account. I understand this completed form must be received and recorded at Nationwide Home Office at least **10 business days prior** to the first Financial Institution draft day. Any future change request, including discontinuing drafts, must also be received at least **10 business days prior** to the draft day. This authority is to remain in full force until the Company and the Financial Institution have received written notification from me of its termination or upon policy termination, or upon debit of my last scheduled premium payment, whichever occurs first.

**Bank Account Holder's Signature/Authorization\*:** \_\_\_\_\_ **Date** \_\_\_\_\_

Signor's Daytime Phone or Email Address: \_\_\_\_\_ (Used only if questions arise about information on this form.)

\*If multiple names are listed on the account using "and" between the names, all named account holder signatures are required. (Sign in blank space below.)