



2721 North Central Avenue • Phoenix, Arizona 85004  
(866) 641-9999



### ASSURANCE – FINAL EXPENSE PRE-AUTHORIZED WITHDRAWAL PLAN

**Complete the following information for initial and future recurring automatic withdrawals of premium payments**

I, the undersigned, agree that I want all premiums withdrawn from the account listed below in an amount sufficient to pay the premium due for the insurance policy. Additionally, I hereby authorize and request Oxford Life Insurance Company to initiate electronic debit entries or effect a change by any other commercially accepted practice to my account indicated on the attached check (or the information provided below) for premiums and other such payments that may become due in any amount under this policy. I request that this Authorization, unless previously revoked, continue to apply to any conversion, renewal, or change later made in the policy. I agree that this Authorization in no way affects the terms of the policy, other than the frequency of payment and I understand that if premiums are not paid within the grace period allowed by the policy, as in the event of withdrawals being dishonored, or for any other reason, then the policy shall terminate subject to any non forfeiture provision of the policy. This Authorization may be terminated by either party by giving written notice to the other.

**Premium Amount to Withdraw** \$ \_\_\_\_\_  Monthly  Quarterly  Semi-Annually  Annually

The effective date and draft date must be the same. If no effective/draft date is designated, the policy's effective date and initial draft date will be the date that the application was received by Oxford Life.  
Future draft dates must occur within 30 days of application date. Please select the draft date you prefer.

**Policy Effective/Draft Date (Between the 1<sup>st</sup> and 28<sup>th</sup>):** Month: \_\_\_\_\_ Day: \_\_\_\_\_  
**Or on the:**  Second Wednesday  Third Wednesday  Fourth Wednesday

**Bank Account Information:**

Bank Name and Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Payor Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account:  **Savings** (write routing and account numbers below and circle the corresponding numbers)  
 **Checking** (attach void check)

Bank Routing Number

Bank Account Number

0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

**FOR CHECKING ACCOUNTS**  
**TAPE COPY OF VOIDED CHECK HERE**

**PAYOR SIGNATURE:** (as on financial institution's records). A copy of this document sent via electronic transmission is as valid as the original.

X \_\_\_\_\_ Date \_\_\_\_\_