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Authorization for Electronic Funds Transfer (EFT)

Name: _____

Email Address: _____

Section 1- Transaction Requested

Establish New EFT

I authorize Sons of Norway to make an electronic funds draw from the bank account listed below for premium payments.

- One time payment (on new policies only)
- Ongoing payment deducted monthly on the _____ (1st-28th) of the month.

Change bank account information on existing EFT - Any changes indicated below will apply to all certificates.

This authorization applies to the following certificates:

Certificate or Member Number	Insured	Premium to Withdraw

Name of Bank Account Owner			
Account Owner Address	City	State	Zip Code
Full Name of Bank	Routing Number	Bank Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Section 2- Agreements and Signature

General Authorization

I authorize Sons of Norway to:

Make withdrawals, and corrections to my bank account that comply with U.S. law.

- Act on this authorization until I revoke it by contacting Sons of Norway.
- Make administrative changes to this authorization such as date and amount changes, or adding or removing certificates for automatic payment.
- Act upon electronic deposit, withdrawal, and administrative instructions I provide.

Signature of bank account owner

Date

For Office Use Only

Effective Date: _____ Agent#: _____ PAC#: _____ Initials: _____