



HERMANN SONS LIFE

Bank Draft Authorization Request Form

Date _____ Certificate No. _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone No. _____ Social Security No. _____

Please list all certificates you are requesting bank draft for:

Certificate No.	Issued To	Certificate No.	Issued To
1. _____	_____	4. _____	_____
Certificate No.	Issued To	Certificate No.	Issued To
2. _____	_____	5. _____	_____
Certificate No.	Issued To	Certificate No.	Issued To
3. _____	_____	6. _____	_____

Name of bank or credit union to be drafted _____

Name(s) of authorized users on bank account _____

Type of account: Checking - attach voided check
 Savings - attached voided deposit slip

Routing No.: _____

Account No.: _____

Draft frequency: Monthly
 Quarterly
 Semi-annually
 Annually

Draft Date: 1st of month drafting
 15th of month drafting

Amount Per Draft: \$ _____ (Annuities Only)

I hereby give the above mentioned bank or credit union authorization to honor electronic drafts drawn from my account by Hermann Sons Life for insurance or annuity payments on the above listed accounts. I understand that if my bank rejects a draft request for any reason, it is still my responsibility to pay the defaulted amount immediately and I will contact Hermann Sons Life for payment options. I further understand that Hermann Sons Life is not responsible for bank overdraft charges or other related draft fees.

Signature of Account Holder

Mail completed form to: Hermann Sons Life, P.O. Box 1941, San Antonio, TX 78297-1941.
Home Office Phone: 800-234-4124 or 210-226-9261 • Website: hermannsonslife.org