

Electronic Funds Transfer (EFT) Authorization

for Renewal Premiums

from Genworth Life and Annuity Insurance Company, Genworth Life Insurance Company, and Genworth Life Insurance Company of New York[†]

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• All fields on the form must be completed prior to submitting the request.

Policy information

Premium payments

	Policy number				
	•				
	Insured name(s)			Date of birth	
	•		•		
vour	○ Monthly*	○ Quarterly	○ Semi-Annually	\bigcirc Annually	

Use this section to select your payment frequency for your scheduled premium withdrawals. If no selection is made, withdrawals will be monthly.

Bank account information

You may either attach a voided bank check or complete all information in this section as it appears on your check.

Address information is essential for communications with the bank account owner regarding future drafts.

Deposit slips are not acceptable.

*We may initially draft two payments to make sure your coverage is up to date. For most products, there is an additional cost if you pay premiums more often than annually.

Payment amount authorized (if other than scheduled premium amount)

Bank account owner name(s)

Bank account owner address

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Che	Checking account number													
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Your Name 1234 Oak		1001		
Anytown, USA	★ Local I		19-2/1250	
PAY TO THE ORDER OF			\$	
				DOLLARS
ACH R/T 123456789				
123456789	000123456789*	1001		
Λ	Λ	Λ	Λ	
ABA Check Routing Number 123456789	Account Number	Check Number	ACH Routing 123456	/ Transit Number 5789

Authorization

By signing this form, I (the bank account owner) understand and accept these terms and conditions:

- You will withdraw the scheduled premium payments from my account
- You will only consider a premium paid if a draft is honored by my financial institution
- You may discontinue withdrawals at any time and bill me directly
- I have 60 days from the date of the withdrawal to notify you of any errors related to a transfer under this agreement, including unauthorized transfers. If I fail to notify you within 60 days, I am liable for any transfers that occur after close of 60 days.
- I must contact you at least three business days before a scheduled withdrawal to change or cancel this authorization

Signature of bank account owner

Date



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