



GROUP ELECTRONIC FUNDS TRANSFER AUTHORIZATION

(This is not an Auto-Draft)

GROUP INFORMATION

Group Name			Group No.	
Address		City	State	Zip
Contact Name - Primary		Contact Name - Secondary		Phone
E-mail - Primary Contact		E-mail - Secondary Contact		

Above named Group hereby authorized Leaders Life Insurance to originate Automated Clearing House electronic funds transfer (EFT) debit entries to Group's account, as indicated below, for payment of premium.

BANK INFORMATION

Bank Name			Routing Number	
Address			Account Number	
City	State	Zip	Bank Contact Name	Phone

This authorization shall remain in full force and effect until fifteen (15) days after Financial Institution, at address listed above, and Leaders Life Insurance Company, at address listed below, have received written notice of cancellation. Notice of cancellation shall in no way affect debit entries initiated prior to actual receipt and processing of notice.

I hereby certify that I have the authority to enter into this agreement on behalf of the above named entity.

_____ Name	_____ Signature
_____ Title	_____ Date

Please return this form with a voided check to Leaders Life Insurance, P O Box 35768, Tulsa, Oklahoma 74153

For Leaders Life Insurance Internal Use Only			
Accepted By:	Date:	FIMMAS Updated By:	Date: