United Benefits Inc.

United Funeral Directors Benefit Life Insurance Company
United Funeral Benefit Life Insurance Company
United Pre-Need Funeral Plans, Inc

AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM

With the Automatic Payment Plan, there's no need to write monthly checks or remember due dates. We'll automatically send a transaction to your financial institution on or near the due date. The money is deducted from your account, with your bank statement serving as a record of premiums paid.
Please note: Changing to automatic payment may change the amount of your monthly premium.

Enrollment is easy! Just follow these steps:

1. Complete, print and sign this authorization form.
2. For bank approval, write "VOID" across a blank, unsigned check.
3. Attach the voided check to your form, and mail it to the address listed below.

Cancel this privilege at any time by notifying the Company. Please allow 7 days for processing.

Automatic Payment Plan Authorization Form

I hereby authorize the bank or financial institution named on the attached sample below to pay my insurance premium every month (or at the time period checked below) by check or electronic account debits drawn by and payable to the Company.

The bank or financial institution will be fully protected in honoring these payments until notification of canceling this request is received.

Policyowner Name_____
First Name Middle Initial Last Name

Address _____ Phone (_____) _____

City _____ State _____ZIP Code _____

Policy Number(s) _____

Accountholder's Name _____

Routing Number _____ Account Number _____

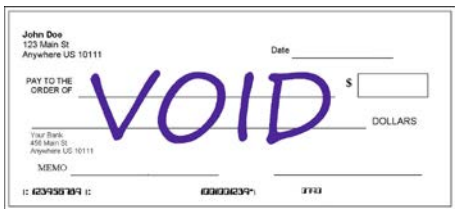
Checking ☐ Savings ☐

Preferred Billing Method (Check One): ☐ Monthly ☐ Quarterly ☐ Semi Annual ☐ Annual

Select Draft Date (Check One): ☐ 5th ☐ 15th

X_____ Date: _____
Accountholder's Signature

Attach Check Here



Please return to: • UFDBLIC AND/OR UFBLIC • P O Box 831670 • RICHARDSON, TX 75083-1670
Or email to: united@unitedbenefitsinc.com

Form (EFT0817)