



**THE LAFAYETTE LIFE INSURANCE COMPANY**

400 Broadway  
Cincinnati, OH 45202-3341  
1-800-243-6631 FAX: 888-558-9329  
E-Mail: IndividualOperations@llic.com

**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER**

I authorize The Lafayette Life Insurance Company to make payments from my policy/contract by electronic funds transfer, whenever possible, to my account at the Financial Institution referred to below. This authorization shall be effective until The Lafayette Life Insurance Company receives written notice from me at its Home Office amending or terminating this authorization.

It is agreed that The Lafayette Life Insurance Company is relieved of any further liability for such payments or for the application of the funds after they have been transferred in accordance with this authorization.

The Financial Institution referred to below shall incur no liability for the application of funds after deposit to my account, other than normal banking liabilities. (Because of the continual fluctuation in exchange rates, this needs to be a United States bank.) I further authorize the Financial Institution to charge my account and refund any overpayments to The Lafayette Life Insurance Company.

LAFAYETTE LIFE POLICY/CONTRACT NOS. OR APPLICATION NO. \_\_\_\_\_  
\_\_\_\_\_

A SAMPLE VOID CHECK (FOR A CHECKING ACCOUNT) OR SAMPLE DEPOSIT  
TICKET (FOR A SAVINGS ACCOUNT) **MUST** ACCOMPANY THIS FORM

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Street Address of Financial Institution

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Post Office Box of Financial Institution

\_\_\_\_\_  
Signature of Policyowner/Payee/Depositor

\_\_\_\_\_  
City, State, Zip of Financial Institution

\_\_\_\_\_  
Signature of Joint Policyowner/Payee/Depositor

- Check one:  
 Checking account  
 Savings account

\_\_\_\_\_  
Telephone number of Policyowner/Payee