

Automatic Deductions

One Less Thing You Have To Worry About

By applying for ongoing automatic deductions, you can save time in paying bills and money for postage. Most importantly, your coverage won't cancel because a payment was overlooked.

You enjoy the privacy and convenience of having your payments deducted automatically each month from your checking or savings account. And you have the assurance of knowing your premiums will be paid on time.

Automatic deductions offer you.....

- ✓ **Automatic Payments** – You tell us when to deduct your payment from your account each month
- ✓ **No Postage to Pay** – Because you won't have to send us a check every month, you save on postage
- ✓ **A Secure Way to Pay** – No more worries about your check getting lost or delayed in the mail

Three Easy Steps to Sign Up

1. Complete the Payment Authorization form, making sure to write your name as shown on your checking or savings account. Select the date or flexible week/day that works best for your monthly automatic deductions.

Be sure to make a copy of the Payment Authorization form for your records prior to sending it in.

2. Send a blank check. We'll use the account number on your check to put your automatic deductions into effect. It's important your check is from the account you want your payments deducted from.
3. Return your completed Authorization Form with your check in the envelope provided or mail to the address below.

Each month, a preauthorized deduction is prepared for the exact amount of the premium and is sent to your financial institution. This is withdrawn from your account balance and will appear on your monthly statement. The automatic deduction will be sent to your financial institution on the specified day, and your premium is paid until the next month when the process is repeated.

It's that simple – so sign up today and your insurance payments will be conveniently paid.

For more information related to your insurance policy:

Go to: www.MutualOfOmaha.com

Call us at: (800) 775-6000

Write to us at: 3300 Mutual of Omaha Plaza, Omaha, Nebraska 68175-0001



PAYMENT AUTHORIZATION FORM

Complete this form only when authorizing a bank account for withdrawal of a premium payment.

PAYMENT INFORMATION FOR ONGOING PAYMENTS – AUTOMATIC BANK ACCOUNT DEDUCTION

Individual Policy(ies) Automatic Deduction (Monthly) - Select only one option:

☐ Choose the day payments will be deducted every month from your bank account:

(1st through the 28th or Last Day of every month) _____

-OR-

☐ Choose the week and weekday that payments will be deducted every month from your bank account:

(For example, 3rd Wednesday of every month)

Week (1st, 2nd, 3rd, 4th, Last) _____ Weekday (Mon, Tue, Wed, Thu, Fri) _____

Money will be withdrawn from your account as stated above. Each month, payments will be automatically deducted from the account below on the day selected above. If no day is selected, premiums will be deducted on the policy date (which can be found within the policy). **Ongoing deductions will begin once the policy is issued. If the scheduled deduction date lands on a weekend or holiday, the payment will process on the following business day.**

POLICY(IES) INFORMATION

List the policies/certificates/I.D. number/contract to be paid by your bank account:

(1) _____
Policy Number Customer

(2) _____
Policy Number Customer

(3) _____
Policy Number Customer

(4) _____
Policy Number Customer

(5) _____
Policy Number Customer

(6) _____
Policy Number Customer

ACCOUNT INFORMATION

1. Account Type (check one): ☐ Checking ☐ Savings

2. Name of Financial Institution: _____

3. Complete information below or attach a voided check here.

Bank Routing Number: _____ Bank Account Number: _____
(Do not use Debit/Credit Card numbers)

Memo _____		Signed By: _____	
1:123456789:1 12345678 11 1234 11			
Bank Routing Number		Bank Account Number	
Check Number (if shown at bottom, may be shown before or after the account #)			

AUTHORIZATION

I authorize Mutual of Omaha Insurance Company and its affiliates* to initiate any initial or recurring preauthorized electronic transfers from my account. I understand the amounts may vary as premium shortages may result from a variety of reasons, including underwriting adjustments. This authorization will be effective until I give you at least three business days notice to cancel. If notice is given verbally, the company may require written confirmation within 15 days after my verbal notice.

*United of Omaha Life Insurance *United World Life Insurance Company * Omaha Insurance Company

X _____ X _____
Date Authorized Signature as Shown on Account

Return This Form With Your Voided Check