

Group Level Term Life Insurance EFT Authorization Form

I would like the Administrator to deduct from my checking account the applicable premium contribution for my IEEE Group Level Term Life Insurance.

I have attached a voided check for the checking account from which I want these future deductions made. I understand by signing up for the Electronic Funds Transfer Plan, I will no longer receive a notice of premium due for my premium contributions, and that this process will continue until I notify you in writing to terminate the deductions. **I understand the change will not take effect until my next renewal date.**

Name of Insured Member: _____
Name: First Middle Last

Address

City State/Province Zip/Postal Code

Account No.

Billing Option: Monthly (Deduction will occur on the first business day of each month.)

Home Phone No. (_____) _____ - _____ Work Phone No. (_____) _____ - _____

Member Signature: _____ **Date:** ___/___/___

Assignee or Owner Signature: _____ Date: ___/___/___
(If Applicable)

PLEASE ATTACH A VOIDED CHECK

***This change in billing will not go into effect until the *next* renewal date.**

Please mail this form and your voided check to:

Customer Service
AMBA
PO BOX 14533
Des Moines, IA 50306