



CINCINNATI EQUITABLE LIFE INSURANCE COMPANY

Our Family Serving Your Family

PREAUTHORIZED COLLECTION FORM

Electronic Funds Transfer Authorization

I authorize Cincinnati Equitable Life Insurance Company (CELIC) to initiate withdrawals from my bank account and electronically transfer funds to pay insurance premiums on my behalf. Withdrawals will not occur earlier than the scheduled due date of premium invoices and if a scheduled withdrawal date falls on a weekend or holiday, CELIC will initiate withdrawal on the next business day. I understand that adjustments may also occasionally involve credits to my account.

I understand that sufficient funds must be maintained in my account to cover premium payment withdrawals and that failure to maintain sufficient funds may result in the cancellation of my policy(s) subject to policy provisions and applicable state laws regarding the cancellation of policies of insurance. I also understand that this EFT agreement does not amend or modify any policy provisions. I understand that CELIC may terminate withdrawals at any time and that in order for me to terminate this authorization, I must provide CELIC a written request to terminate withdrawals at least 5 days in advance of the desired date of termination.

Name of Insured _____

Policy Number _____

Name of Financial Institution _____

Name on Account _____ Type of Account Checking Savings

Routing # _____ Account # _____

Signature of Payor _____ Date _____

Electronic Check

**Please make check payable to:
Cincinnati Equitable Life Insurance Company (CELIC)**

When you provide a check as payment, you authorize Cincinnati Equitable Life to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When Cincinnati Equitable uses the information from your check to make an electronic fund transfer, the funds may be withdrawn from your account on the same day your payment is received at our Home Office and you will not receive your check back from your financial institution.

Signature of Payor _____ Date _____