



## EFT Bank Account Verification Form

Policyowner/Payor: \_\_\_\_\_

Insurance Applicant: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person at Institution: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_

Routing Number (Verified by Contact Person): \_\_\_\_\_

Account Number (Verified by Contact Person): \_\_\_\_\_

I have personally verified that the above policy owner/payor has a current, active: (select one):

\_\_\_\_\_ Checking \_\_\_\_\_ Savings

Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent # (UHL): \_\_\_\_\_