



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): _____