Corporate Address:
Harleysville Life Insurance Company
355 Maple Avenue, Harleysville, PA 19438
Tel 800-222-1981 www.harleysvillelife.com

Please mail forms to the
Administrative Address:
Harleysville Life Insurance Company
P.O. Box 253, Harleysville, PA 19438-0253

PREAUTHORIZED CHECK (PAC) INFORMATION FORM

HARLEYSVILLE LIFE INSURANCE COMPANY (A Nationwide Company)

The company above will withdraw the premiums from the specified account. This company will be referred to hereafter as "Company". "You", "Your", "I" and "me" refer to the bank account owner whose name appears below.

How the automatic bank draft works: Automatic bank draft is a debit service that offers a convenient way to pay life insurance premiums. The company will collect the life insurance premiums from your bank account electronically. Premium withdrawals by "Nationwide" will appear on your bank statement, and your statement will be your receipt for payment of your premium.

Automatic Bank Draft Agreement

I hereby authorize and request the company to initiate electronic or other commercially accepted-type debits against the indicated bank account in the financial institution named for the payment of monthly premiums and other indicated charges due on the insurance policy, and to continue to initiate such debits in the event of a conversion, renewal or other change to any such contract(s). I hereby agree to indemnify and hold the Company harmless from any loss, claim or liability of any kind by reason or dishonor of any debit.

I understand that this authorization will not affect the terms of the contract(s), other than the mode of payment, and that if premiums are not paid within the applicable grace period, the contract(s) will terminate, subject to any applicable non-forfeiture provision. I acknowledge that the debit appearing on my bank statement shall constitute my receipt of payment, but no payment id deemed made until the Company receives actual payment.

I agree that this authorization may be terminated by me or the Company at any time and for any reason by providing written notice of such termination to the non-terminating party and may be terminated by the Company immediately if any debit is not honored by the financial institution named for any reason. This must be dated and signed by the bank account owner(s) as his/her name appears on the bank records for the account provided on this authorization.

FORM MUST BE COMPLETED IN FULL, *ACCOMPANIED BY A VOIDED CHECK* AND SENT TO HARLEYSVILLE LIFE AT THE ADDRESS ABOVE OR VIA FAX TO 215-256-7683 OR EMAIL TO LIFECUSTOMERSUPPORT@HARLEYSVILLEGROUP.COM

Financial Institution Name:_____

Financial Institution Address:_____

City:_____State:_____Zip:_____

Routing Number: ☐☐☐☐☐☐☐☐☐

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(Please do not include a check number with your account number)

Policy Number(s):_____ _____ _____ _____ _____

Name of Insured:_____

Name of Bank Account Owner(s):_____

Insured's Relationship to Bank Account Owner(s):_____

Email Address of Payor: _____Phone Number of Payor_____

If your policy is a **6-digit** policy number, please choose either the **10th or the 25th** as your draft day. **Preferred Draft Day**_____

If your policy number **begins with "L",** please choose a day between the 1st – 28th as your draft day. **Preferred Draft Day**_____

This agreement authorizes: ☐ A new monthly transfer

☐ A change in existing transfer amount

☐ A change in financial institution

Type of Account: ☐ Checking ☐ Savings Is this account with a Credit Union ☐ Yes ☐ No

Signature(s) of Bank Account Owner(s):_____Date_____

_____Date_____

Note: As part of HLIC's money laundering prevention program, a Bank Account Owner must have a specific relationship to the insured/policyowner, such as a parent, grandparent, spouse, guardian, child or employer. If this relationship does not exist, HLIC may refuse to establish the Bank Draft or may terminate the payment of funds to the policy.