



**Erie<sup>®</sup> Family Life  
Insurance**

Member • Erie Insurance Group  
Service Center • P.O. Box 83026 • Lincoln, NE 68501

## Bank Withdrawal Authorization

I/we hereby authorize and request Erie Family Life to debit my/our account maintained at the institution indicated below for payment to the Erie Family Life Insurance Company of premiums due on the Chek-Matic Plan. Debits may be electronic, paper or other commercially accepted method.

### BANK INFORMATION

Bank Name	Branch	Telephone	
Address	City	State	Zip
Select One <input type="checkbox"/> Checking Account (provide a voided check) <input type="checkbox"/> Savings Account (provide a voided deposit slip)			
Bank Routing Number*	Account Number*		

\*Most banks indicate their bank routing number and your account number on your check. If the check for your bank has on it a series of numbers, the first nine numbers represent the bank routing number and the second group of numbers represent your account number.

### AUTOMATIC MONTHLY PAYMENT INFORMATION

Draft Day – Pick a day from the 1 <sup>st</sup> through 28 <sup>th</sup>	Monthly Premium \$
--	-----------------------

It is understood that this authorization will remain in full force and effect until Erie Family Life has received notification from me/either of us of its termination at least two business days prior to the regularly scheduled draft day. I/we agree that Erie Family Life shall be fully protected in making any such debit entry if Erie Family Life does not receive sufficient notification to discontinue this agreement.

### CUSTOMER INFORMATION

Name on the Account	Joint Name on the Account		
Address			
City	State	Zip	
Daytime Phone Number			
Policy Number(s)	Name of Insured(s)		
Signature			Date
Joint Name Signature			Date

Please return this form to Erie Family Life

By Fax: 1-866-567-1219

By Mail: Erie Family Life

PO Box 83026

Lincoln, NE 68501