

## Conseco insurance companies Request to draft premium by Electronic Funds Transfer (EFT)

**Please check the appropriate options.**

**Be sure to include a VOIDED CHECK or this request cannot be processed!**

1. Administrative office will process the draft for the initial premium within 48 hours of receiving the application
2. Include a copy of a voided check with initial premium by EFT in the special remarks section of the application.
3. Complete the authorization below.
4. **Fax completed form with application and copy of a voided check to (317) 817-2322, Attn: New Business department**

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**Authorization to draft initial premium**

Upon the receipt of this form please process a draft for the initial premium, in the amount of \$\_\_\_\_\_, for the application shown below. I am aware that the draft will be processed within 48 hours of receipt of this request in the administrative office.

**YES! PLEASE DEDUCT FUTURE PREMIUMS**

By selecting this option you are authorizing subsequent renewal premiums to be deducted from the bank account listed above. These premiums will be deducted on a monthly basis on the \_\_\_\_\_ day of the month.

AUTHORIZATION TO HONOR DEDUCTIONS DRAWN BY CONSECO HEALTH INSURANCE COMPANY OR  
CONSECO INSURANCE COMPANY

I hereby request and authorize you to honor and charge to my account deductions drawn on my account by and payable to Conseco Health Insurance Company or Conseco Insurance Company. The signatures on such deductions may be either typed or printed. If any such deductions are dishonored, either with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance. This authorization shall continue in force until revoked by me in writing and received by you, a copy of which revocation shall be sent by me to the Company, at its administrative offices in Carmel, Indiana. The Company is instructed to forward authorization to you.

Applicant name \_\_\_\_\_

Date of birth or SSN \_\_\_\_\_

Accountholder name (if different) \_\_\_\_\_

Financial institution/bank name \_\_\_\_\_

Routing no. \_\_\_\_\_ Bank account no. \_\_\_\_\_

Account holder signature \_\_\_\_\_ Date \_\_\_\_\_

*The acceptance of this form and the initial premium payment is not a guarantee that the application for insurance will be approved and a policy issued.*

*Conseco Health Insurance Company and Conseco Insurance Company are members of the Conseco insurance companies.*