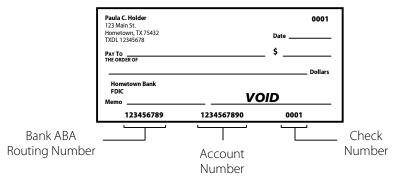# Globe Life
Insurance Co. of New York

Bank Draft Authorization

Draft date cannot be the 29th, 30th or 31st.

Proposed Insured's Social Security Number

☐☐☐ – ☐☐ – ☐☐☐☐

Requested Bank Draft Day (dd)

☐☐

Payor's First Name

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

M.I.

☐

Payor's Last Name

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank ABA Routing Number

☐☐☐☐☐☐☐☐☐

Account Number

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Name

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account information fields above must be complete if voided check is not attached.
See the example check below for the location of the Bank Routing Number and Account Number.

Paula C. Holder   0001
123 Main St.
Hometown, TX 75432
TXDL 12345678   Date _____

PAY TO
THE ORDER OF _____ $ _____

_____ **Dollars**

Hometown Bank
FDIC
Memo _____   *VOID*

123456789   1234567890   0001

Bank ABA
Routing Number

Account
Number

Check
Number

Helpful Information for Social Security Recipients		
Social Security Benefits Paid On	Birth Date On	Draft Date
Second Wednesday	1st – 10th	14th
Third Wednesday	11th – 20th	21st
Fourth Wednesday	21st – 31st	28th

As a convenience to me, I hereby request and authorize you, Globe Life Insurance Company of New York, Syracuse, New York, to initiate debit entries to my bank account, as recorded above, for insurance premiums and/or non-insurance product fees, as applicable, and the bank named above to debit the same to such account. I agree that your rights and treatment of such debits shall be the same as if they were checks personally signed by me. I further agree that if any such debits are dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, even if such dishonor results in the forfeiture of insurance. This authorization will remain in effect until revoked by me in writing to you, provided that you and the bank shall have a reasonable opportunity to act on such notification. All premiums and/or fees may be automatically withdrawn from my account on MONTHLY mode, unless a different mode has been selected on the application(s).

NOTE - Business accounts are permitted only in relation to sole proprietorships, in which case a voided check and a completed Sole Proprietor form (SP 9-01) are required.

_____
Payor's Signature (as it appears on bank records)