



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION
Automatic Withdrawals for Insured Installments



I authorize Thomas E. Mestmaker Insurance & Assoc. Inc., on behalf of Cigna Group Insurance to withdraw from my checking account the minimum amount due for my insurance as designated on my application for life insurance. This authority will remain in effect until I provide Cigna Group Insurance notice in writing of my desire to cancel this arrangement.

Note: Policy Effective date will be first of the month following the date eligibility requirements have been met.

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| POLICY/ACCOUNT HOLDER INFORMATION | |
| Policy/Account Holder's Name | Policy and/or Account Number |
| Complete Mailing Address | Telephone Number |

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| FINANCIAL INSTITUTION INFORMATION | |
| Please attach a voided check AND complete the following information. | |
| Name of Financial Institution | Financial Institution Telephone Number |
| Checking Account Routing Number | Checking Account Number |
| <small>*Routing numbers are always 9 digits long</small> | <small>*Please include all zeros that may precede the account number</small> |

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| (copy of voided check) |
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When completed, return this form along with your application to:

Return Completed Application to:

**The D.B.L. Center, Ltd.
555 Broadhollow Road
Melville, NY 11747
631-293-5100**

Policy/Account Holder Signature

Date