

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Operations Center
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 964-4860
www.PacificLife.com

**PACIFIC LIFE****AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)**

For Life Insurance Premium Payment

Proposed Insured's Name: First MI Last	Date of Birth (mm/dd/yyyy)	Policy Number (if known)
Proposed Additional Insured's Name: First MI Last (if applicable)	Date of Birth (mm/dd/yyyy)	

AUTHORIZATION INFORMATION

I (we) hereby authorize Pacific Life Insurance Company (PLIC), to initiate debit (credit) entries to the following account (check only one):

Checking Savings Account Money Market

at the U. S. depository financial institution named below, and to debit (credit) the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law. PLIC will only allow Electronic Funds Transfer (EFT) debit (credit) requests from authorized U. S. financial institutions.

This request shall not be construed as modifying any provision of the policy and may be revoked by PLIC if any charge is not paid upon presentation. This authorization is to remain in full force and effect until PLIC has received a thirty (30) day written notification from me (or either of us) of its termination in such time and in such manner as to afford PLIC and the financial institution a reasonable opportunity to act on it. EFT may also be discontinued by PLIC, with a thirty (30) day written notification to me (or either of us).

EFFECTIVE DATE

PLIC will determine the monthly draft date based upon the policy's issue date. If a particular start month or date is desired indicate below:

Effective month: _____ Effective day: _____ (allowable days are 4th through the 28th)

FINANCIAL INSTITUTION INFORMATION (Complete this section even if a voided check is attached.)

Financial Institution's Name	Telephone Number (include area code)		
Address: Street	City	State	Zip Code

ACCOUNT INFORMATION (Complete this section even if a voided check is attached.)

Account Name	Routing/ABA Number (9 digits)	Account Number
Account Holder One's Name: First MI Last		
Account Holder Two's Name: First MI Last		
Account Holder's Address: Street	City	State Zip Code

(OPTIONAL)

PLACE VOIDED CHECK HERE

A PHOTOCOPY OF A CHECK IS ALSO ACCEPTABLE

(DO NOT ATTACH A DEPOSIT SLIP)

SIGNATURE

Signed and Dated on: _____ (mm/dd/yyyy)

SIGN
HERE

X

Authorized Account Holder One's Signature

SIGN
HERE

X

Authorized Account Holder Two's Signature

