



PRESIDENTIAL LIFE INSURANCE COMPANY  
 69 LYDECKER STREET, NYACK, NY 10960  
 1-800-926-7599 or 1-888-PRES-LIFE

**AGREEMENT FOR ELECTRONIC FUND TRANSFER**

**Thirty day advance notification before the next available payment due date is required.**

**Upon receipt of the completed Agreement, we will update our records and future payments will be made directly to the financial institution for credit to the Payee's account.**

Policy Number \_\_\_\_\_ Payment \$ \_\_\_\_\_ Frequency \_\_\_\_\_

I, \_\_\_\_\_ the undersigned Payee under said contract, hereby request that all payments beginning with the payment due, \_\_\_\_\_ be sent to \_\_\_\_\_  
Name of Bank / Financial Institution

Street or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking     Savings    ABA Routing #

Account # \_\_\_\_\_

**If the annuitant is someone other than myself, the policy owner, I agree to notify Presidential Life Insurance Company immediately, in the event of the annuitant's death, The joint account holder or I will immediately return to Presidential, any payments made after the death of the annuitant.**

**A. Single Bank Account Holders, only**

Should I die prior to the date on which any payment is deposited to the above account, I hereby authorize and direct the financial institution to refund the payment(s) made after my death to Presidential Life Insurance Company and charge to my account the amount of any such overpayment including legal interest.

**B. Joint Bank Holders, only**

Should I, the payee, die prior to the date on which any payment is deposited to the above account we

\_\_\_\_\_ **Insert joint bank account holder names**

hereby authorize and direct said financial institution to refund to Presidential Life Insurance Company, payments made after the payee's death and charge to our account the amount of any such overpayment including legal interest.

It is agreed to hold Presidential Life Insurance Company harmless from any claims whatsoever which may result from this request, including any claim brought by the Executor of the Estate. **It is further agreed to notify Presidential Life Insurance Company promptly of the death of anyone party to this agreement.** This agreement does not affect the original contract and will terminate as of the death of the annuitant or when Presidential Life Insurance Company receives written notification from me of its termination and the company has had 30 days to act on it. In the case of death benefits, separate arrangements will be made with the beneficiary(ies), if any.

\_\_\_\_\_ Dated \_\_\_\_\_ Signature of Policy Owner or Payee \_\_\_\_\_ Signature of Joint Bank Account Holder

**ADDRESS CHANGE:**

Check here  and write address change on the back of this form. → → →

**REQUIRED: You must attach a voided check OR a deposit ticket with a micro encoded account number to this form. Otherwise, this form will be returned.**