



NATIONWIDE LIFE PREMIUM PAYMENT BY ELECTRONIC FUND TRANSFER AUTHORIZATION

Nationwide Life Insurance Company • Nationwide Life and Annuity Insurance Company

Mail to: P.O. Box 182835, Columbus, Ohio 43218-2835 • Phone: 1-800-848-6331 • TDD # 1-800-238-3035

Fax to: 1-888-677-7393 • nationwide.com

SECTION 1: GENERAL INFORMATION – Please Print

Insured's Name: _____ Policy/Plan Number: _____

Policy Owner's Name: _____ Producer's Name: _____

SECTION 2: REQUEST TYPE

Purpose for submitting this authorization (Check appropriate box):

- New Pre-authorized Payment Plan Change in Bank/Checking Account
- Addition of New Policy to Plan Change Pre-Authorized Payment Plan

Draft Amount: \$ _____ (If policy begins with "L", amount is not elective. The premium is predetermined.)

Draft Date (1st-28th):

Draft Frequency (select one) Monthly Quarterly* Semi Annual* Annual* *available for Term or Whole Life Products only

Financial Institution Name: _____

Financial Institution Address (Street, City, State, Zip): _____

Bank Account Holder's Name(s): _____

Transit/ABA Routing Number: _____ Account Number: _____

Please Select One:

- Checking **(A Copy of a Pre-printed Voided Check is Recommended for Proper Processing. Starter checks will not be accepted.)**
- Savings **(A Letter from the bank indicating the ABA Routing number, Account number, and the Account Holder's Name for verification is Recommended for Proper Processing.)**

- When submitting a company check, provide a letter from the company or bank confirming authorization of individual to sign on company checks. This person must sign this form as Account Holder.
- Verify with your financial institution that your account permits electronic funds transfers (ACH debits). Some institutions do not permit debits or if permitted, they may require a different routing or account number to be used.

SECTION 3: PREMIUM APPLICATION

The Total Payment is to be applied as follows: (If more than (4) policies, include on additional page)

Policy Number	Insured	Policy Payment

If sufficient funds are not available on the draft day, a second draft attempt will be made within 5 business days. Your Financial Institution may charge a fee for these attempts if sufficient funds are not available.



SECTION 4: AUTHORIZATION

I hereby authorize Nationwide Life Insurance Company (hereafter called the "Company") to initiate debit entries to my checking/savings account indicated above and the Financial Institution named above (hereafter called the "Financial Institution") to debit the same such account. I understand this completed form must be received and recorded at Nationwide Home Office at least 10 business days prior to the first Financial Institution draft day. Any future change request, including discontinuing drafts, must also be received at least 10 business days prior to the draft day. This authority is to remain in full force until the Company and the Financial Institution have received written notification on recorded line from me of its termination or upon policy termination, or upon debit of my last scheduled premium payment, whichever occurs first.

SECTION 5: SIGNATURE(S) Required.

Bank Account Holder's Signature/Authorization*: _____ Date _____

Signor's Daytime Phone Number: _____
(Used only if questions arise about information on this form.)

Signor's Email Address: _____

*If multiple names are listed on the account using "and" between the names, all named account holder signatures are required. (Sign in blank space below.)

