

AUTOMATIC BANK DRAFT AUTHORIZATION FORM



Policy Number(s) _____

Name of Policy Owner(s) _____

Street Address _____

Daytime Phone Number _____

City _____ State _____ Zip Code _____

Nighttime Phone Number _____

By completing this automatic bank draft authorization, I/we hereby authorize The Great-West Life Assurance Company and/or Great-West Life & Annuity Insurance Company to make monthly withdrawals from my/our **__ Checking Account / __ Savings Account** (select one) maintained at the named banking institution listed below for my/our policy(ies). I/we acknowledge that the origination of the ACH transactions to my/our bank account must comply with the provisions of U.S. law.

Bank Name _____ ABA Routing Number _____ Account Number _____

Branch _____ Name of Account Holder _____ Bank Address _____

I/we understand that this agreement may be terminated and/or changed by providing written notice to The Great-West Life Assurance Company and/or Great-West Life & Annuity Insurance Company a minimum of 30 business days prior to the withdrawal date.

Automatic Payment Instructions

Withdrawal Date: _____ ** Withdrawal will be effective the 1st of each month unless otherwise specified **

Universal Life/Annuity monthly withdrawal amount \$ _____

I/we have attached a copy of a voided check for the above referenced account

****Note: A voided check is required to setup monthly autopay****

If the undersigned is signing in a representative capacity, the undersigned warrants that he or she has the authority to bind the entity on whose behalf this document is being executed.

Account Holder Signature _____

Printed Name _____

Date _____

Account Holder Signature _____

Printed Name _____

Date _____

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY
THE GREAT-WEST LIFE ASSURANCE COMPANY

PO Box 85056
Lincoln, NE 68501-5056