


ELECTRONIC FUND TRANSFER AUTHORIZATION
 (Please Complete The Entire Form)

INSURED NAME	LAST	FIRST	M.I.	POLICYNUMBER
2nd INSURED NAME	LAST	FIRST	M.I.	POLICYNUMBER
3rd INSURED NAME	LAST	FIRST	M.I.	POLICY NUMBER
4th INSURED NAME	LAST	FIRST	M.I.	POLICYNUMBER
5th INSURED NAME	LAST	FIRST	M.I.	POLICY NUMBER
<input type="checkbox"/> ADDRESS CHANGE NEW ADDRESS: _____ _____ PHONE NUMBER: () _____				
ACCOUNTTYPE <input type="checkbox"/> CHECKING (Attach voided check) <input type="checkbox"/> SAVINGS		WITHDRAWALS SHOULD START ON: 1st - 28th MONTH DAY YEAR		NOTE: We need 3 days notification to stop current bank withdrawals.
ROUTING NUMBER			ACCOUNT NUMBER	
FINANCIAL INSTITUTION NAME AND ADDRESS				

As a convenience to me (us), I(we) request and authorize Midland National Life Insurance Company ("the Company") to obtain payment of amounts becoming due the Company by initiating charges to my (our) account in the form of checks, drafts, share drafts or electronic debit entries, and I(we) request and authorize the financial institution named above to accept and honor the same and charge the same to my (our) account. This Authorization will remain in effect until I(we) notify the Company or financial institution in writing to terminate and the Company or the financial institution has a reasonable time to act on the termination. I(we) hereby terminate any prior Authorization of the Company to charge this account, effective the date on which the first charge is initiated by the Company under this Authorization. I(we) understand that I(we) may stop payment of any charge by notifying the financial institution before my (our) account is charged, and I(we) may have the amount of an erroneous electronic debit entry immediately credited to my (our) account within 15 days after issuance of my (our) statement or 45 days after posting, whichever occurs first. This Authorization will become effective only upon acceptance by the Company at the address shown below. I(we) acknowledge receipt of a copy of this Authorization on this date.

DEPOSITOR NAME (PLEASE PRINT)	JOINTDEPOSITOR NAME (PLEASE PRINT)	
DEPOSITOR (SIGNATURE)	JOINTDEPOSITOR (SIGNATURE)	DATE

FOR CHECKING ACCOUNTS ONLY

**Please attach a voided check
rather than a deposit form as the
routing numbers may be different.**

Please do not staple.