



# Polish Roman Catholic Union of America

A Legal Reserve Fraternal Benefit Society  
984 N. Milwaukee Avenue, Chicago, Illinois 60642-4101  
(773) 782-2600 - FAX (773) 278-4595 - (800) 772-8632 - PRCUA.org

## ACH (EFT) Authorization

I (we) hereby authorize POLISH ROMAN CATHOLIC UNION OF AMERICA (PRCUA aka PRCUALife) to initiate credit (debit) entries to my (our) account at the U.S. depository financial institution listed in section 2, and to debit (credit) the same to such account. I (we) acknowledge that the origination of ACH (EFT) transactions to my (our) account must comply with the provisions of U.S. law. PRCUA will only allow ACH (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 the PRCUA if any charge is not paid upon presentation. This authorization is to remain in full force and effect until the PRCUA has received thirty (30) days written notification from me (or either of us) of its termination in such time and in such manner as to afford the PRCUA and the financial institution a reasonable opportunity to act on it. ACH (EFT) may also be discontinued by the PRCUA, with a thirty (30) day written notification to me (or either of us). **If an ACH transaction is returned for any reason, PRCUALife may implement a \$40 NSF fee.**

### ACCOUNT INFORMATION

Choose only one

- ANNUITY     LIFE INSURANCE     CERTIFICATE LOAN     MORTGAGE LOAN     EDUCATIONAL LOAN     COMMISSION

FIRST (MI) LAST NAME

CERTIFICATE / LOAN ID / SALES REPRESENTATIVE ID

PHONE NUMBER (DAYTIME)

EMAIL (FOR NOTIFICATION WHEN AN ACH IS PROCESSED)

CONTRIBUTION / PAYMENT AMOUNT (IF APPLICABLE)

INITIAL DATE (M/D/Y)

RECURRING DATE (M/D/Y)\*

- CONTRIBUTION / PAYMENT / DISTRIBUTION MODE     ONE-TIME     ANNUAL     SEMI-ANNUAL     QUARTERLY     Monthly

\*Recurring contribution/payment draft dates can only occur between the 1<sup>st</sup> and 25<sup>th</sup> of every month

### FINANCIAL INSTITUTION INFORMATION

FINANCIAL INSTITUTION NAME / CITY, STATE (REQUIRED)

NAMES ON ACCOUNT

- ACCOUNT TYPE     PERSONAL     BUSINESS    |     CHECKING     SAVINGS

**JOHN A. DOE**  
1234 Main St  
Anytown, IL 60123

1234  
12-4985/237  
638

Date

Pay to the Order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

**MyBANK**  
MyBank, N.A. 042  
Illinois

For \_\_\_\_\_

⑆0 ⑆ 234 56 78 ⑆    98 76 54 3 2 10 ⑆    ⑆ 234

### SPECIAL INSTRUCTIONS

Bank Routing #

Bank Account #

(For business accounts, the position of these numbers may be reversed)

BANK ROUTING NUMBER (ALWAYS 9 DIGITS)

BANK ACCOUNT NUMBER

### SIGNATURES



SIGNATURE OF OWNER

DATE



SIGNATURE OF JOINT OWNER

DATE

ACH (EFT) Authorization

ACH1 (3/2026)