
Safe...
Quick...
Easy...
Convenient...
Reliable...

Enjoy the convenience many people already have by not having to write a check, or having to remember when their premiums are due or even worrying if the premium was late.

Currently, millions of people throughout the country have their employer deposit their pay checks. Even the U.S. Government and those receiving benefits have come to rely on the convenience and reliability of automatic methods of banking for their Social Security payments. There is less paperwork, checkwriting, check cashing and postage.



***Pre-Authorized
Premium Payment Plan***



Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, IL 60025
www.gtlic.com

How Your Monthly Pre-Authorized Premium Payment Plan Works

The GTL Monthly Pre-Authorized Premium Payment Plan ensures that your payments are made on time. Here's how:

Each month your premiums are automatically withdrawn from your bank account. Your proof of payment will be shown on your monthly bank statement.

If you are using this method to pay premiums on more than one Guarantee Trust Life Insurance Company policy, your bank may show just one total for all premiums withdrawn during the month.

How To Enroll in the Monthly Pre-Authorized Premium Payment Plan

Simply complete the attached Monthly Pre-Authorized Premium Payment Plan form, making sure to include a voided check. *It's that easy.*

Changing Banks or Accounts

Notify the Home Office when you decide to change your bank or account. A Monthly Pre-Authorized Premium Payment Plan form will be sent to you to complete. Make sure the form is signed at the "X". Also, include a voided check from the new bank or account. If your account does not allow checks to be written against it, a deposit slip will be accepted. This will help to provide a smooth transition in transferring your Monthly Pre-Authorized Premium Payment Plan to your new account.

For more information about your coverage and methods of payment, call our Customer Service Department at 1-800-338-7452.

Monthly Pre-Authorized Premium Payment Plan

Mail to: Guarantee Trust Life
1275 Milwaukee Ave., Glenview, IL 60025

Fax to: 1-847-699-0636

Authorization to Honor Withdrawals to be drawn by Guarantee Trust Life Insurance Company.

_____ Policy # (If applicable)

To _____
(Name of my Bank)

My Bank's Address _____

- Checking Account
Attach Voided "Sample" Check
- Savings Account
Attach Voided "Sample" Check
(if applicable) or Deposit Slip

As a convenience to me, I request and authorize you to charge my account for premiums drawn by and payable to the order of Guarantee Trust Life insurance Company, Glenview, Illinois, provided there are sufficient funds in my account to pay the same upon presentation.

I agree that my rights in respect to each payment shall be the same as if it were drawn by me and signed personally by me. This authority is to remain in effect until revoked by me in writing and until you receive notice for which you agree you will be fully protected in honoring such requests. I further agree that if any such payment is dishonored, whether with or without cause and whether intentionally, or inadvertently, you shall be under no liability at all although such dishonor could result in the forfeiture of insurance.

_____/_____/_____
Date

X _____
(Name of insured, if different from premium payer)

X _____
(My signature as it appears on my bank records)