



Nationwide®

Recurring Automated Clearing House (ACH) Authorization

Nationwide Life Insurance Company
Nationwide Life and Annuity Insurance Company

PO Box 182835, Columbus, OH 43218-2835 • Phone: 800-848-6331 • Fax: 888-677-7393 • nationwide.com

To avoid delays in processing, please complete all applicable sections including Authorization and Signature(s).

1. General Information (please print)

Owner's Information:

Name: _____ Policy Number: _____

(If more than one policy, list in Section 4 on Page 2)

Street Address: _____

City: _____ State: _____ ZIP: _____

SSN: _____ Phone: _____ Email: _____

Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize the Nationwide Family of Companies to contact you via telephone using automated technology to assist you with your account.

2. Recurring ACH Authorization

Bank Account Holder Name: _____

Financial Institution Name: _____

Type of Account¹ (select one): Checking Savings

Transit/ABA Routing Number: _____ Account Number: _____

Draft Amount²: _____ Monthly Draft Date (1st -28th)³: _____

Draft Frequency⁴: Monthly Quarterly Semi-Annual Annual

¹ If an account type is not selected, Nationwide will default to checking.

² If your policy number begins with an "L", the draft amount is not elective. Premium amount is predetermined. Contact Nationwide at 800-848-6331 to verify the amount that should be listed here.

³ You are only permitted to choose your draft date if the frequency of your ACH Debit is monthly. Your monthly draft date has to be between the 1st and 28th. All other frequencies will have a draft date that is in line with the policy anniversary. However, if your policy number begins with "B1" or "UØ" the draft date must be the 15th.

⁴ Quarterly, Semi-Annual and Annual draft frequencies are only available on policy numbers beginning with "N5", "B5", "L" and "8"

3. One-Time ACH Debit Authorization

If your policy number begins with an "L" and you want to change your billing method to Recurring ACH payments, the change may result in a gap where the last premium payment made isn't enough to keep your policy active until your Recurring ACH payments begin. To change your next premium payment to Recurring ACH, we will require a payment to cover this gap in premium.

_____ By initialing here, you authorize a One-Time ACH Debit in an amount sufficient to keep your policy active until your Recurring ACH payments begin. If this amount has not already been provided to you via the letter mailed with this form, please contact us at 800-848-6331 and we will provide you with the exact amount required. If authorized, this ACH Debit will be made to your account on the date that we receive this request.

NOTE: If you do not authorize this One-Time ACH Debit, you will still be required to make this adjustment payment before your Recurring ACH payments can begin. Please contact us to make adjustment payment arrangements before submitting this form.

4. Premium Application

NOTE: Section 4 is only required to be completed if this ACH payment arrangement will apply to more than one policy. If it will apply to only one policy, you can skip Section 4.

The Total Payment is to be applied as follows: (If more than (3) policies, include on additional page)

Policy Number	Insured	Payment Amount ¹

¹Payment amounts must total the authorized amount in Section 2. If the ACH Authorization will cover payment to more than one policy, you will see separate withdrawals for every policy premium payment authorized. The full amount withdrawn will be equal to the amount authorized in Section 2.

5. Important Information

If this account is a joint account, authorization by one bank account owner constitutes authorization by all bank account owners - whether a current owner of this account or added after this authorization is signed.

Where the owner of the account is a corporation, please provide a letter from the company or bank confirming the individual who is authorized to sign checks on behalf of the company. This authorized person must sign this form as the bank account owner.

Account Verification: The following documents are recommended to verify ownership of the account provided:

DO NOT STAPLE OR TAPE THE RECOMMENDED DOCUMENTS TO THIS FORM.

- **Checking Accounts:** Please include a pre-printed voided check with this Authorization. Starter checks and deposit slips will not be accepted.
- **Savings Accounts:** Please include a letter from the bank, signed by a bank representative, which indicates the ABA routing number, the account number and the bank account holder's name for verification.

The debit to your account will occur no earlier than the draft date provided above. If the draft date falls on a weekend or holiday, the draft will occur on the next business date after the regularly scheduled draft date.

Prior to submitting this form, please check with your financial institution to confirm that your account permits ACH Debits. Some institutions do not permit ACH Debits, or if they are permitted, may require a different routing or account number to be used.

6. Terms and Conditions

Insufficient Funds - If sufficient funds are not available on the draft day, you authorize us to make a second draft attempt within 5 business days. Your bank may charge a fee for these attempts if sufficient funds are not available. Nationwide does not charge a fee for these attempts. If sufficient funds are not available after the second attempt, Nationwide will contact you to resolve any issues related to outstanding premium.

Stopping Automatic Payments - Your authorization allows us to continue taking premium payments from this account, or making deposits to it until you tell us to stop, upon policy termination, or upon the payment of your last scheduled premium payment, whichever occurs first. To withdraw your authorization, you must notify us by calling 800-848-6331. Please provide notification to us at least 10 days in advance of when the authorization should end. Doing so allows us and your bank to take action.

Outstanding Balances - If you have a balance due on your policy(ies) after the expiration or cancellation date, you authorize us to electronically debit this bank account for the outstanding balance.

Amount Changes - If for any reason your scheduled payment changes by an amount greater than or equal to \$10.00, we'll notify you by emailing or sending you an updated summary.

7. Authorization and Signature(s) (required)

By signing this Authorization, you authorize Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company to electronically deduct and/or correct by electronic credit your life insurance premium payments from the bank account listed on this form as allowed by U.S. law. This Authorization applies to all policies listed on this form.

Bank Account Holder:

Name (please print): _____

Signature: _____ Date: _____

Policy Owner:

Name (please print): _____

Signature: _____ Date: _____

(Policy Owner signature is only required if the account holder and the owner are different people)

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