Pre-Authorized Check (PAC) Authorization Form

(Inforce policies only)

INSURER: **Fidelity & Guaranty Life Insurance Company**
Fidelity & Guaranty Life Insurance Company of New York
Overnight: 777 Research Drive, Lincoln, NE 68521
Standard: P.O. Box 81497, Lincoln, NE 68501-1497
Phone: 888.513.8797 Fax: 800.281.5777

All the information on this document must be provided in order to fulfill your request.

This form is being submitted to update the payment mode and/or change banking information on an existing policy.

Policy Number(s): _____

Policy Owner Name: _____

Planned Premium: $_____ (Universal Life)

Premium Mode: ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual
This field is required when setting up the initial bank draft. If the premium does not meet the minimum requirements, a notification will be sent to the policy owner.

Premium draft can be stopped at any time by contacting customer service or written request to F&G 24-48 hours prior to the next scheduled draft.

Please provide banking information below. Routing and Account numbers must be taken from a check for checking accounts and a deposit slip for savings accounts.

Financial Institution

Name of Financial Institution	Type of Account
	☐ Checking ☐ Savings

Routing Number	Account Number

I authorize the payment of debits drawn on my account payable to F&G, provided there are sufficient funds in said account. I agree that if any debit be dishonored, and I have selected monthly as the frequency, F&G has the right to debit my account the following month for the dishonored debit as well as the scheduled debit for that month. I further agree that if any debit be dishonored, F&G shall be under no liability in the event the dishonored debit results in the forfeiture of insurance. The authority shall remain in effect until revoked by me in writing and until F&G receives such notice of revocation.

Account Holder (Print as it appears on Bank Records)	
Signature of Account Holder	**Date**

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If Account Holder differs from Policy Owner, please provide the following details:

Relationship of Account Holder to Policy Owner	Address of Account Holder
SS# or ITIN # for Account Holder	**Date of Birth of Account Holder**
Policy Owner (Print)	
Signature	**Date**

To submit this form, fax the completed form to:
Attention Policyholder Services
800.281.5777

"F&G" is the marketing name for Fidelity & Guaranty Life Insurance Company issuing insurance in the United States outside of New York and, in New York only, Fidelity & Guaranty Life Insurance Company of New York. Each Fidelity & Guaranty Life company is solely responsible for its contractual commitments.