



Senior Supplemental Insurance

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Agent/Producer Electronic Funds Transfer (EFT) Authorization

from Aetna Health Insurance Company (AHIC),
Aetna Health and Life Insurance Company (AHLIC),
Aetna Life Insurance Company (ALIC),
American Continental Insurance Company (ACI), and
Continental Life Insurance Company of Brentwood, Tennessee (CLI)

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- Please fill in all appropriate information and sign where necessary.
- **Please print clearly** using blue or black ink.
- If completing electronically, fill in all blue highlighted areas. When complete, print form, sign, and return.
- Keep a copy of this form for your records.
- Please check your banking statements for payment activity after signing up for EFT.

1. Type of request *select appropriate company(ies) and indicate type of request*

The selected Aetna Inc. company(ies) are referred to as "we" and "our" in this authorization.

- Aetna Health Company (AHIC) American Continental Insurance Company (ACI)
 Aetna Health and Life Insurance Company (AHLIC) Continental Life Insurance Company of Brentwood, Tennessee (CLI)
 Aetna Life Insurance Company (ALIC)

Select one: New request Change to existing EFT authorization

2. Account owner information

Name
.....

E-mail address
.....

Social Security or Tax I.D. Number (TIN) *Last 4 digits* Agent writing number
.....

3. EFT information

You may either attach a voided bank check or complete all information in this section as it appears on your check.

Institution name for deposit
.....

Routing number
.....

Account number
.....

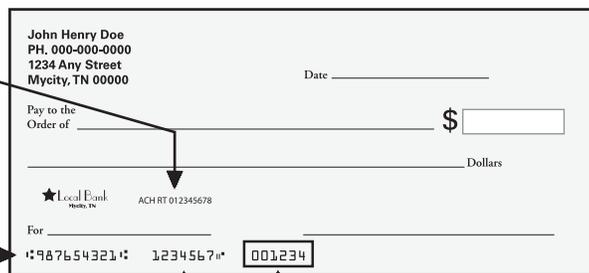
This is an example of a personal check. A business check may be different.

To find the routing and account numbers

For checks with an ACH RT (Automated Clearing House Routing) number, please use this routing number.

For checks with "payable through" under the bank name, please contact the financial institution to help obtain the correct Routing Number.

For all other checks, use the nine-character routing number, which appears between the **Ⓜ** symbols, usually at the bottom left corner of the check.



The account number is up to 17 characters long and appears next to the **Ⓜ** symbol at the bottom of the check and usually to the right of the bank routing number.

4. Signature

EFT authorization

You authorize Aetna Inc. company(ies) to automatically transfer funds to your checking account and make adjustments to your account in the event of errors. Additionally, you authorize the named institution to complete these transactions.

This authorization is to remain in full force and effect until we receive written notice from you requesting termination or until we have sent you 10-days written notice of our intention to terminate this authorization.

Signature of account owner Title *(required if signing for an entity)* Date
 X

Your signature indicates that you have read and understood all sections of this form.