

Electronic Funds Transfer (EFT) Change Authorization Form

I authorize National General to withdraw future payments from the account listed below. National General or I may terminate this agreement by written notice to the other party. I may also call National General at 888-781-0585 to make changes to my account information or method of payment.

Insured's Name: _____ Policy #(s): _____

Date of Birth: _____

Electronic Funds Transfer

Bank Routing #: Checking Account Savings Account

Checking Account #: _____ *9 Digits on the bottom left of check*
_____ *Enclose a voided check*

NOTE: Please allow 30-days from time of submission for changes to become active.

Signature: _____ Phone#: _____

Please return completed form to: National
General Accident & Health Fax:
888-344-3232
PO BOX 1070
Winston Salem, NC 27102-1070