

**DONGBU INSURANCE CO., LTD.**

1440 Kapiolani Blvd. Suite 950 Honolulu HI 96814

ELECTRONIC FUND TRANSFER PAYMENT FORM

Policyholder Name _____

Policy No. _____

Account Number _____

Effective Upon receipt of Authorization Form.

Please deduct payments from my () Checking (attach voided check)

() Savings account (attach deposit slip)

Attached is my voided check or deposit slip.

Please select payment option below.

() Full Pay () 2-Pay () 4-Pay

*** Attach voided check or deposit slip here. ***

I authorize Dongbu Insurance Company, or any of its subsidiaries or affiliates, to initiate deductions from the account as shown on the above voided check or deposit slip. The amount I authorize is the amount due pursuant to the billing statement for my Dongbu Insurance policy as issued by Dongbu Insurance on a periodic basis. I authorize Dongbu to initiate a request for the amount due from my financial institution up to 24 hours prior to the issuance of a periodic billing statement. I authorize the financial institution on my voided check or deposit slip to accept the deductions initiated by Dongbu Insurance Company. I certify that I am the account holder or an authorized signer on this account. I agree that Dongbu will charge a \$25.00 fee if the deduction is returned and not honored by my financial institution. I understand that a failure to have sufficient funds in my financial institution after sufficient notice of non-payment is sent may be grounds for cancellation or termination of my Dongbu policy pursuant to the terms of that policy.

Signed _____ Date _____
(Policyholder)Signed _____ Date _____
(Policyholder)