Special Risks ACH Authorization Agreement

Nationwide

Please complete a separate form for each transaction.

Check One: • • New Business
• • Renewal
• • Policy Endorsement

Plan Sponsor: _____

I (we) authorize the Nationwide Life Insurance Company to initiate a single electronic debit from the account and depository shown below:

Name on Bank Account: _____ Bank Name: _____

Draft Amount : $_____ • • Checking or • • Savings

Bank Account Routing/Transit Number*: _____

Bank Account Number*: _____

See below for an explanation of where to locate these two sets of numbers on your bank check.

_____ _____
Authorized Signature(s)/Not required if authorization by phone** Date

_____
Authorized Signature(s)/Not required if authorization by phone **

***** If two signatures are required for authorization, fax completed form to 614-854-3753.***

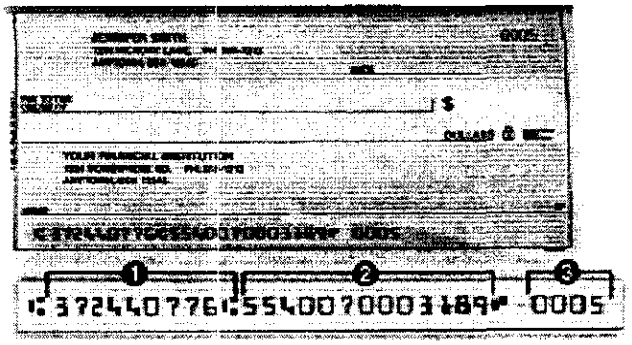
To protect the integrity of this program, please maintain a bank balance sufficient to honor charges presented for payment. If you change banking arrangements, sufficient funds should be left in the account to honor charges presented for payment.

Explanation of Check Numbers

❶ ***Bank Routing/Transit Number*** — This is a nine digit number separated by a bar and a colon *|: 123456789 |:*

❷ ***Account Number*** — This number may appear as the second, first or third series of numbers. Please read carefully.

❸ ***Check Number*** — Matches number in the upper right corner of check. ***NOT REQUIRED FOR ACH.***



(FOR OFFICE USE ONLY) ***ACH DRAFT AUTHORIZATION***

Policy Number (if available): _____ _____ _____ _____
Product Case Unit Cert (if applicable)

_____ _____ _____
SR Representative Date Time

_____ _____
NHP Finance Date Received

Nationwide Special Risks Health • PO Box 2399 • Columbus, OH 43216-2399
Phone 1-800-525-8669, Option 5 • FAX 614-854-3753