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## AUTHORIZATION FOR AUTOMATIC WITHDRAWAL (AWP)

Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

### SECTION 1- TRANSACTION REQUESTED

**ESTABLISH NEW AWP ACCOUNT**

I authorize Sons of Norway to make an immediate electronic draw from the bank account listed below upon receipt of this form.

- One time payment
- Ongoing payment deducted monthly on the  first or  fifteenth

**CHANGE BANK ACCOUNT INFORMATION ON EXISTING AWP** - Any changes indicated below will apply to all certificates.

This authorization applies to the following certificates:

| CERTIFICATE NUMBER | INSURED | PREMIUM TO WITHDRAW |
|--------------------|---------|---------------------|
|                    |         |                     |
|                    |         |                     |
|                    |         |                     |
|                    |         |                     |

|                            |                |                     |   |
|----------------------------|----------------|---------------------|---|
| NAME OF BANK ACCOUNT OWNER |                |                     |   |
| ADDRESS                    | CITY           | STATE               | ZIP CODE  |
| FULL NAME OF BANK          | ROUTING NUMBER | BANK ACCOUNT NUMBER | <input type="checkbox"/> CHECKING<br><input type="checkbox"/> SAVINGS |

### SECTION 2- AGREEMENTS AND SIGNATURE

**General Authorization**

I authorize Sons of Norway to:

- Make electronic deposits, withdrawals, and corrections to my bank account that comply with U.S. law.
- Act on this authorization until I revoke it by contacting Sons of Norway.
- Make administrative changes to this authorization such as date and amount changes, or adding or removing certificates for automatic payment.
- Act upon electronic deposit, withdrawal, and administrative instructions I provide.

\_\_\_\_\_  
*Signature of bank account owner*

\_\_\_\_\_  
*Date*

**FOR OFFICE USE ONLY**

Effective Date: \_\_\_\_\_ FBC#: \_\_\_\_\_ PAC#: \_\_\_\_\_ Initials: \_\_\_\_\_