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## Authorization for Automatic Withdrawal of Premium (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 (on new policies only)
- Ongoing payment deducted monthly on the  1st  8th  15th  22nd

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 <input type="checkbox"/> Savings

### Section 2- Agreements and Signature

General Authorization

I authorize Sons of Norway to:

- Make 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: \_\_\_\_\_