



Bank Draft One-Time Use Authorization

The Guardian Life Insurance Company of America
The Guardian Insurance & Annuity Company, Inc.
Berkshire Life Insurance Company of America

Any insurer above, individually or collectively,
is herein referred to as the "Company."

I/We, _____, as of the date signed, authorize the Company to withdraw/debit from my/our designated bank account (the "bank account"), a one-time payment in the amount specified below for the purpose of making a one-time payment to the Company regarding Policy _____ insuring _____ (the Insured). I/We understand that this is a one-time payment authorization and certify that I/we am/are the authorized signer(s) on the bank account.

Bank Name: _____

Bank Routing Number: _____ **Bank Account Number:** _____

Bank Account Type: Checking Savings

Full Title of Account: _____

Individual Joint Trust Custodial Business Other: _____

Draft Amount: \$ _____ Payment due* Loan repayment Unscheduled paid-up additions (PUA)
 Minimum payment using loan* Other (please describe): _____

Policy Owner Cell Phone Number: _____ **Policy Owner Email Address:** _____

*Please note: If no purpose for the draft is indicated but the amount submitted matches what is currently due or minimum due using loan, it will be applied as such.

If this withdrawal/debit is dishonored by the bank or financial institution for any reason, the payment will be reversed, and the amount will not be considered paid. This may cause the policy to lapse and may result in the forfeiture of insurance.

The Company is authorized to make a second attempt to withdraw/debit funds in the event any withdrawal is returned due to insufficient funds. The Company may terminate this Authorization immediately in the event any withdrawal/debit or electronic fund transfer is dishonored for any reason. Any bank fees are the responsibility of the authorized signer on the bank account.

I/We authorize the Company to make any inquiries necessary to validate the bank account identified above and/or investigate any dispute involving my/our payment which may include verifying the information I/we provide against third party databases.

By checking this box, the person(s) signing below authorizes the Company to communicate electronically regarding this transaction. (Note: If the email entered is different from the email we have on file, you will need to update your email address via the customer portal at guardianlife.com)

_____ Signature of Bank Account Owner	_____ Date
_____ Signature of Policy Owner (if different than Bank Account Owner)	_____ Date

Life Insurance	
The Guardian Life Insurance Company of America Individual Life Service and Administration P.O. Box 981590 El Paso TX, 79998-1590	Email: Life Insurance: LSolutions@glic.com Customer Call Center: 1-888-GUARDIAN (482-7342) Fax: 610-807-2720 Visit guardianlife.com
The Guardian Insurance & Annuity Company, Inc. Park Avenue Variable Life P.O. BOX 981588 El Paso TX 79998-1588	Email: Life Insurance: VULSolutions@glic.com Customer Call Center: 1-888-GUARDIAN (482-7342) Fax: 610-807-2940 Visit guardianlife.com
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Berkshire Life Insurance Company of America Policy Services P.O. BOX 981594 El Paso TX 79998-1594	Email: Disability Insurance: DICustomerServices@glic.com Customer Call Center: 1-888-GUARDIAN (482-7342) Fax: 413-395-5992 Visit guardianlife.com