

Equitable Reserve Association

A Not-For-Profit Fraternal Life Insurance Association, est. 1897

Instructions for Electronic Transfer of Funds

The attached Bank Authorization Form 170D must be completed and signed by the payor in the space marked by the "X".

When completed, please mail to the address listed below, along with a check from your new account in the amount of your premium. This amount will be applied to your next month's premium.

Mail completed form to:
Equitable Reserve Association
Attn: APW Department
P.O. Box 448
Neenah, WI 54957-0448

Keep a copy of the completed form for your records.

Call the APW Department at 1-800-722-1574 if you have any questions or concerns.

