



A Stock Company Domiciled in Indiana
 601 N.W. Second Street, P.O. Box 39,
 Evansville, IN 47701-0039
 1-800-325-2147

Policy #: _____

AUTHORIZATION FOR RECURRING AUTOMATIC DEBIT ENTRIES

I hereby authorize, Merit Life Insurance Co. ("Merit Life") to initiate debit entries and to initiate, if necessary, credit entries and adjustments for the correction of any debit entries in error, from or to my account indicated below for any premiums due on my Merit Life insurance policy. I also authorize the financial institution named below to honor such requests from Merit Life and to debit and credit my account listed below.

Financial Institution Name: _____

Financial Institution City and State: _____

Routing Number: _____
 (First 9 digits found on bottom left of check)

Account Number: _____
 (Please do not include check number)

Account Type: ___ Checking Account ___ Savings Account

Withdrawal Day: _____
 (Must NOT be the 29th, 30th or 31st of the month)

I further agree that:

1. This authority is to remain in full force and effect until Merit Life has received written notification from me to terminate this authorization in such time and in such manner as to afford Merit Life and the above-named financial institution a reasonable opportunity to act on it.
2. Merit Life may void this agreement at any time without prior notice and bill me at my billing address.
3. I agree that Merit Life shall not incur any liability as a result of the dishonor of any debit entries, even if such dishonor results in the forfeiture of insurance.
4. If any debit is dishonored, the premium for which the debit entry was initiated shall be considered in default.
5. If the debit entry is not honored by the financial institution on which it was drawn, I agree to be assessed an NSF fee. The NSF fee shall be at least \$20.00 or higher as allowed by state law.
6. No premium payment shall be deemed to have been made unless and until Merit Life receives actual payment.

ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP

 Printed Name of Account Owner

 Signature of Account Owner

 Date

