

Insured's Name _____ Account/Policy # _____ SSN _____

PREAUTHORIZED CHECK FORM FOR THE PURPOSE OF HONORING CHARGES INITIATED BY THE COMPANY

TERMS OF AGREEMENT

I have an account at the Financial Institution noted on the **enclosed voided check**, and the account number is shown below. I have sufficient funds to pay for all debit entries. I authorize the Company to make premium payments for the above listed policy/certificate, using electronic bank drafts drawn on this account. I understand that electronic debit entries will evidence the premiums paid for the above-listed policy/certificate, and the entries will constitute my receipt for the transaction(s). No payment to the Company will be deemed to have been made unless and until the Company receives actual credit. I understand my direct electronic payment of the monthly premium will be debited on or about the premium due date. The Company reserves the right to refuse or terminate electronic payment services. This authorization is to remain in effect until the Company terminates it or receives my notification of its termination and has sufficient time to act on it.

ACCOUNT INFORMATION (Please Print)

Bank Routing Number	
Bank Account Number	
Name of Account Holder	
Phone Number of Insured	

Signature of Bank Account Holder (as it appears on bank records)	Date

If you have recently made a payment by check or money order, please indicate the date and amount of the payment.

Date _____ Amount _____

**FOR CHECKING ACCOUNTS, ATTACH A VOIDED CHECK
 FOR SAVINGS ACCOUNTS, ATTACH BANK DOCUMENT ACCOUNT VERIFICATION**