

I hereby request and authorize the withdrawal of funds from the account referenced below for premiums. I am aware that if any charge to my account is dishonored, for any reason, the company shall have no liability whatsoever, even if such dishonor results in the forfeiture of the insurance contract.

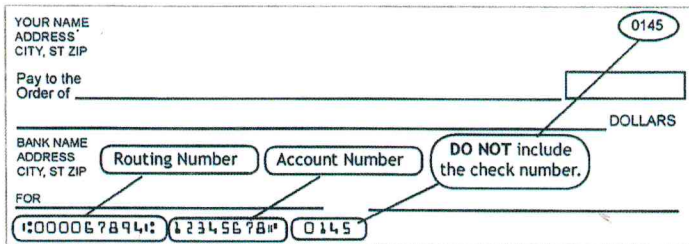
**Insured's Name:** \_\_\_\_\_

**Payor's Name:** \_\_\_\_\_

**Form is required if no voided check or savings withdrawal slip is available.**

**Financial Institution**

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Financial Institution	
Financial Institution Address	City	State	Phone Number
Routing Number		Account Number	
Account Holder Name		Account Holder Signature	
Date (mm/dd/yy)			



YOUR NAME  
ADDRESS  
CITY, ST ZIP

Pay to the Order of \_\_\_\_\_

\_\_\_\_\_ DOLLARS

BANK NAME  
ADDRESS  
CITY, ST ZIP

FOR \_\_\_\_\_

Routing Number: 1234567890  
Account Number: 0145

DO NOT include the check number.

0145

*Example of a standard check*

**NOTE:** The routing and account numbers may be in different places on your check.

Do not use the numbers from a deposit slip.

It is recommended that the initial premium draft be scheduled within 5 business days of the application date.

**Agent Attestation**

<input type="checkbox"/> I do hereby attest that I personally verified this information	
Agent Name <i>Print</i>	Agent Signature
Date (mm/dd/yy)	
Comments	