

**INSURED NAME:** \_\_\_\_\_

**PAYOR/ACCOUNT HOLDER'S NAME:** \_\_\_\_\_

Policy #: _____
Policy #: _____
Policy #: _____
Policy #: _____
AA#: _____

I hereby authorize **United Life Insurance Company** to draft all future *premium payments due on the above policy(ies) electronically from the account shown below.*

PLEASE MARK ONE:

- This authorization is effective immediately for all future premium payments.
- This authorization is effective for future premium payments to be drafted on or after \_\_\_\_\_.

I understand that this authorization shall remain in full effect for premium payments that may become due, to be withdrawn from the account on the same day in accordance with the premium mode selected until United Life and/or the banking institution have received written notification of its termination in a reasonable time frame to process.

**Premium Amount and Bank Information:**

Initial Premium Amount: \$ \_\_\_\_\_

Your Premium will be drafted on the day of issue in the mode you select below.

Mode (choose one):     Monthly or     Quarterly

Account Holder's Name: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Type of Account (choose one):     Checking or     Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

By executing this Authorization Agreement, I affirm my authority to so do as an authorized signor on the account noted above. Furthermore, I agree to indemnify and hold harmless United Life Insurance Company, its agents, employees, or assigns from any and all action which may arise now or in the future as a result of my/our signing this authorization.

Furthermore, by providing my signature below, I understand that to ensure the security of my account and funds, United Life Insurance Company may obtain a consumer report from a consumer reporting agency or similar entity to help verify the validity and accuracy of the account information provided.

**X** \_\_\_\_\_  
Signature of Premium Payor/Account Holder

\_\_\_\_\_  
Date