

AUTHORIZATION AGREEMENT FOR

Preauthorized Premium Withdrawals

(FOR EXISTING POLICIES ONLY)

	Policy #:
INSURED NAME:	
DAVOR /ACCOUNT HOLDER'S NAME.	Policy #:
PAYOR/ACCOUNT HOLDER'S NAME:	AA#:
I hereby authorize United Life Insurance Company to draf electronically from the account shown below.	t all future premium payments due on the above policy(ies)
PLEASE MARK ONE:	
☐ This authorization is effective immediately for all futu	ire 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I understand that this authorization shall remain in full effort withdrawn from the account on the same day in accordan banking institution have received written notification of its	ce with the premium mode selected until United Life and/or the
Premium Amount and Bank Information:	
Initial Premium Amount: \$	
Your Premium will be drafted on the day of issue in the mo	ode you select below.
Mode (choose one): ☐ Monthly or ☐ Quarter	ly
Account Holder's Name:	
Financial Institution Name:	
Type of Account (choose one): ☐ Checking or ☐	Savings
Routing Number:	
Account Number:	
	athority to so do as an authorized signor on the account noted above. The ded Life Insurance Company, its agents, employees, or assigns from a result of my/our signing this authorization.
By signing below, I agree to have United Life automatically	y draft any past due premium payments to bring the policy current.
	and that to ensure the security of my account and funds, United Life consumer reporting agency or similar entity to help verify the validity
X	
Signature of Premium Payor/Account Holder	Date