

## AUTOMATIC BANK DRAFT REQUEST FORM

### Section A – Policy Information (You Must Complete This Section)

Policy Number: \_\_\_\_\_ Insured: \_\_\_\_\_

### Section B – Request Information (You Must Complete This Section)

The undersigned owner of the referenced policy hereby requests automatic withdrawals from their bank account as follows:

Payment Frequency:  Monthly  Quarterly  Semi-Annually  Annually

**Withdrawal Day of the Month\*** (1<sup>st</sup>-28<sup>th</sup> only, please) \_\_\_\_\_

**\*Please Note:** If a specific day of the month is not indicated, your policy date will be used. Premium is due on or before the due date. Selecting a day of the month that is after the policy day may result in initial deductions to pay both the current and next month premium.

**Premium Amount:**  Regular/Suggested Billed Amount  Specific Amount (For Flexible Premium Policies Only) \$ \_\_\_\_\_.

**Loan Repayment Amount:** \$ \_\_\_\_\_.

### Section C – Payor Information (You Must Complete This Section)

Name: \_\_\_\_\_ Relationship to Insured: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Is this a new entity or mailing address?  Yes  No

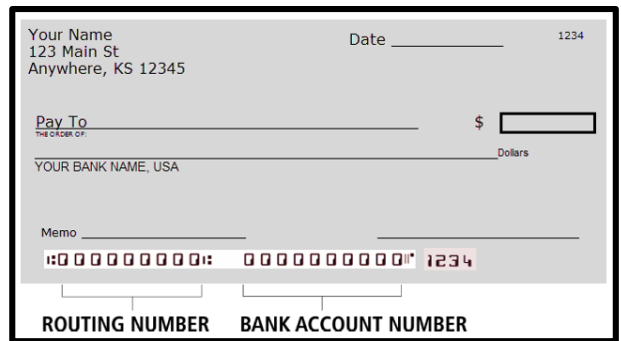
Bank Name & Address: \_\_\_\_\_

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

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

Account Type:  Checking  Savings

**Please Enclose a Voided Check or Blank Deposit Slip:  
(Check Diagram for Instructional Purposes Only)**



### Section D – Endorsement (The Current Policy Owner Must Complete This Section)

*If your automatic payment is to be taken on a weekend or holiday, such payment will be deducted on the next business day. Information as to each charge will be provided by an entry on your bank statement or by other advice from the bank. Deductions will be made on or after the date requested. In the event a charge is inadvertently not made, the Company may charge the account at a later date without notice. You will be notified prior to an increase in the deduction which may occur due to periodic changes in the premium due under the terms of your policy, if any. The Company may terminate this payment method at any time by providing you written notification. Each individual signing below certifies that he/she is of legal age, that the policy is not assigned and pledges that the policy is not subject to any bankruptcy proceeding, attachment, lien, or claim:*

X \_\_\_\_\_ Owner's SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*\* Owner's Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Signature of Current Policy Owner/Assignor (Required) (Required) (Required)

X \_\_\_\_\_ Owner's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_\_  
Signature of Payor/Account Holder (If Different Than the Owner) (Required) (Required)

X \_\_\_\_\_ Notary Stamp/Seal (If Applicable):  
Signature of Witness/Notary Public (If Applicable)

**\*\*Under penalties of perjury, I, the Owner, certify that: The number shown in this document is my correct social security or taxpayer identification number, and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am not subject to backup withholding. I am a U.S. Citizen or resident alien or a domestic business entity. (If you are not a U.S. citizen or a U.S. resident alien, or a domestic business entity for tax purposes, please cross out this certification, complete and return IRS form W-8BEN, which can be located on www.irs.gov.)**