



AUTHORIZATION AGREEMENT FOR
Preauthorized Premium Withdrawals
(FOR EXISTING POLICIES ONLY)

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

INSURED NAME: _____

PAYOR/ACCOUNT HOLDERS NAME: _____

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I understand that this authorization shall remain in full effect for premium payments that may become due, to be withdrawn from the account on the same day in accordance with the premium mode selected until United Life and/or the banking institution have received written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

Premium Amount and Bank Information:

Initial Premium Amount: \$ _____

Day to Draft the Premium (choose between the 1st and the 28th): _____

Mode (choose one): Monthly or Quarterly

Account Holders Name: _____

Financial Institutions 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.

X _____
SIGNATURE OF PREMIUM PAYOR/ACCOUNT HOLDER

X _____
DATE