

Authorization Agreement for Prearranged Payments

As a convenience to me, I hereby request and authorize the banking institution below (the "Bank") to pay and charge to my account drafts on my account by and payable to the order of the company who issued or assumed the policy listed below (the "Company") administering my insurance policy provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that the Bank's rights in respect to such draft shall be the same as if it were a check drawn on the bank and signed personally by me. This authority is to remain in effect until revoked by me in writing and until the Bank actually receives such notice. I agree that the Bank shall be fully protected in honoring any such draft. I further agree that if any such draft be dishonored, whether with or without cause and whether intentionally or inadvertently, the Bank shall be under no liability whatsoever. Should any draft not be honored by the Bank upon presentation, I understand that this method of payment may be terminated.

I understand also that my insurance policy may lapse if said draft is returned unpaid by my Bank or if I discontinue payments prior to receiving confirmation of draft processing from the Company.

Checking
(attach voided check)

Savings
(attach deposit slip)

Please use the deposit and routing number from the enclosed check, representing Cash With Application in lieu of a voided check.

Policy Number(s) Affected

Insured(s) Name(s)

FOR NEW BUSINESS APPLICATIONS - Unless otherwise requested, premium will be drafted from your account immediately upon policy issuance. Bank drafts cannot occur on the 29th, 30th or 31st of the month.

Signature (as it appears on bank records)

Date

Please tape a voided check (for checking account) or
deposit slip (for savings account) here.

Please direct correspondence in reference to this draft to:

PO Box 410288
Kansas City, MO 64141-0288
Phone: (800) 634-6274