

PAYMENT OPTIONS and DRAFT DATE OPTIONS: Please select ONLY one Payment Option and a corresponding Draft Date Option.

Payment Option 1: Draft Both Initial and Subsequent Payments.

Draft Date Options for Payment Option 1:

(If Payment Option 1 is selected but no corresponding Draft Date Option is selected, we will default to Option A.)

- A: Initial payment at time of policy approval.
Subsequent payments on the next payment due date. (For policies that were approved and paid on the 29th, 30th and 31st of the month, subsequent payments will be due on the 28th.)
- B: Initial and Subsequent payments on Preferred Withdrawal Date (Choose the day payments will be drafted based on your payment frequency.)
1st – 28th _____
- C: Initial and Subsequent payments on Preferred Week and Weekday (Choose the week **and** weekday payments will be drafted based on your payment frequency, e.g., 2nd week on Wednesday.)
Week (1st, 2nd, 3rd, 4th) _____
Weekday (Mon, Tue, Wed, Thu, Fri) _____
- D: Initial payment at time of policy approval.
Subsequent payments on Preferred Withdrawal Date (Choose the day payments will be drafted based on your payment frequency.)
1st – 28th _____
- E: Initial payment at time of policy approval.
Subsequent payments on Preferred Week/Weekday (Choose the week **and** weekday payments will be drafted based on your payment frequency, e.g., 2nd week on Wednesday)
Week (1st, 2nd, 3rd, 4th) _____
Weekday (Mon, Tue, Wed, Thu, Fri) _____

Payment Option 2: Draft Only Subsequent Payments.

Initial Payment will occur on Credit Card or Debit Card.
(Complete Credit and Debit Card Authorization.)

Draft Date Options for Payment Option 2:

(If Payment Option 2 is selected but no corresponding Draft Date Option is selected, we will default to Option A.)

- A: Subsequent payments on next payment due date. (For policies that were approved and paid on the 29th, 30th and 31st of the month, subsequent payments will be due on the 28th.)
- B: Subsequent payments on Preferred Withdrawal Date (Choose the day payments will be drafted based on your payment frequency.)
1st – 28th _____
- C: Subsequent payments on Preferred Week/Weekday (Choose the week and weekday payments will be drafted based on your payment frequency, e.g., 2nd week on Wednesday)
Week (1st, 2nd, 3rd, 4th) _____
Weekday (Mon, Tue, Wed, Thu, Fri) _____

AGREEMENT:

I (we) hereby authorize and request the Company or its representative to initiate electronic or other commercially accepted-type debits against the indicated bank account in the depository institution named ("Depository") for the payment of premiums and other indicated charges due on the contract(s) listed, and to continue to initiate such debits in the event of a conversion, renewal, or other change to any such contract(s) even if such debits differ in amount from those specified in this form. I (we) hereby agree to indemnify and hold the Company harmless from any loss, claim, or liability of any kind by reason of dishonor of any debit or otherwise related to this authorization.

I (we) understand that this Authorization will not affect the terms of the contract(s), other than the mode of payment, and that if premiums are not paid within the applicable grace period, the contract(s) will terminate, subject to any applicable non-forfeiture provision. I acknowledge that notice of premiums due shall be waived and that the debit appearing on my bank statement shall constitute my receipt of payment, but no payment is deemed made until the Company receives actual payment in its Service Center.

I (we) authorize the Company to obtain information and/or reports from a consumer reporting agency or other company(ies) in order to verify, validate and/or authenticate the information and answers presented on this form. Any information gathered may be disclosed to any person or entity required to receive such information by law or as I may further consent.

I (we) agree that this Authorization may be terminated by me or the Company at any time and for any reason by providing thirty (30) days' written notice of such termination to the non-terminating party and may be terminated by the Company immediately if any debit is not honored by the Depository named for any reason. This request must be dated and signed by the Bank Account Owner(s) as his/her name appears on bank records for the account provided on this authorization.

Signature of Bank Account Owner

X

Date _____

Signature of Bank Account Owner, if joint account

X

Date _____