ASSURITY® LIFE INSURANCE COMPANY
Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (800) 869-0355 • FAX (888) 255-2060

Automatic BANK PAYMENT

Automatic bank withdrawal allows you to pay your premium and/or loan from your checking or savings account, saving you time and money. To begin this convenient service, or to make changes to your existing payment plan, please complete the form below and return it to us. Remember to indicate the date of payment that would be most convenient for you.

AUTOMATIC BANK WITHDRAWAL AUTHORIZATION

☐ Change banking institution/account ☐ Start new bank withdrawal ☐ Add to existing bank withdrawal—Policy No. _____

Type of Account: ☐ Checking ☐ Savings

Day of Withdrawal _____ Choose from the 1st to the 28th. Day ***cannot*** be the 29th, 30th or 31st. If no date is entered, the policy issue date will be used. Assurity will begin processing your bank draft on the day selected. Due to the bank's processing time, the actual day a withdrawal is posted to your account could be two or more days after the day selected.

Policy No.	Insured's Name	Premium Payment	Loan Payment
		☐	☐ $
		☐	☐ $
		☐	☐ $
		☐	☐ $
		☐	☐ $
		☐	☐ $
		☐	☐ $
		☐	☐ $

Comments: _____

I hereby request and authorize Assurity Life Insurance Company, Lincoln, Nebraska, to initiate debit entries to my account listed below for payments as selected above. I understand that initiating automatic payments may result in additional drafts to bring my account current. This authorization shall remain in effect until revoked by me in the manner provided by law. Until it receives notice of such revocation, I agree that Assurity Life Insurance Company shall be fully protected in honoring any debit to my account. I further understand that if the date of the withdrawal is after the policy issue date and if the premium is not honored my policy may lapse and require evidence of insurability for reinstatement.

_____ _____ _____
Name of Financial Institution *Routing No. (9-digit number)* *Account No.*

_____ ( ) _____
Printed Name of Account Holder or Authorized Officer and Title *Telephone No.*

Account Holder's Address _____
Street Address *P.O. Box* *City* *State* *Zip+4*

_____ / /
Signature of Account Holder or Authorized Officer and Title *Date (MM/DD/YYYY)*

TO ENSURE ACCURACY, SUBMIT VOIDED CHECK