

Automatic Bank Withdrawal

Automatic Bank Withdrawal conveniently pays your premium from your checking account – saving you time and money. To begin this convenient service, please complete the form below and return it to us. Remember to indicate the date of withdrawal that would be most convenient for you.

I hereby request and authorize Assurity Life Insurance Company, Lincoln, Nebraska, to initiate debit entries to my account indicated below. 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.

DRAFT INITIAL PREMIUM PAYMENT:

Yes No

If Yes is marked, the first premium for this insurance will be debited from your account at the time the policy is issued.

Name of Financial Institution Routing Number Account Number
(9 digit number beginning with 0, 1, 2, or 3)

Date of Withdrawal: _____ (cannot be the 29th, 30th or 31st)
IF NO DATE IS ENTERED, THE POLICY ISSUE DATE WILL BE USED

Type of account: Checking Savings

Signature of Account Holder Date Signed Telephone Number

Policy Number(s) (if applicable): _____

ATTACH VOIDED CHECK HERE