



AUTOMATIC BANK DRAFT AUTHORIZATION

Family One™

P.O. Box 341899, Austin, Texas 78734 - PH (800)756-7306 - FAX (512)263-6981

Financial Institution Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____

Account Holder Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____

Type of Account: Checking Savings

Routing No. _____ Account No. _____

Please Pay And Charge My Account All Drafts Drawn By TEXAS SERVICE LIFE INSURANCE COMPANY.

To Its Own Order Once Each (check one): Monthly Quarterly Semi-Annually Annually

In The Amount of: \$ _____

*****BEGINNING DATE (MM/DD/YY):** _____

This authorization will remain in effect until cancelled by me in writing and until you actually receive such notice. I understand that any drafts processed within a period of fourteen (14) days of receipt of a written request to cancel this authorization may be presented to my bank account. I agree that you shall be fully protected in honoring any such draft for a period of fourteen (14) days after you receive such notice.

I agree that your treatment of each such draft, and your rights in respect to it, shall be the same as if it were signed personally by me. I further agree that if no *****BEGINNING DATE** is cited above, then the Company may draft my account on either (1) THIRTY (30) DAYS from the date of the Policy/Contract, (2) the first installment date shown on the Insurance Application, or (3) a date communicated in writing by the Company to the undersigned account holder.

Signature of Account Holder/PAYOR

Policy/Contract No. (s): _____

Print Name

Date

(PLEASE ATTACH A "VOIDED" CHECK)

Deposit slip or ticket is not acceptable