

BANK DRAFT AUTHORIZATION FORM

Family1®



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.

INITIAL PREMIUM

I authorize TEXAS SERVICE LIFE INSURANCE COMPANY to draft my bank account for a **ONE TIME** draft payment for the policy listed below. The Draft will be made **IMMEDIATELY** upon submittal of policy application.

Initial Premium Amount: \$.....

MODAL PREMIUMS / RECURRING PAYMENTS

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

DRAFT FREQUENCY (check one): Monthly Quarterly Semi-Annually Annually

In The Amount of: *****BEGINNING DATE:**

This authorization will remain in effect until cancelled by me in writing and until the Company actually receives 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 the Company shall be fully protected in honoring any such draft for a period of fourteen (14) days after it receives such notice.

I agree that the Company's treatment of each such draft, and their 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.

..... Policy/Contract No. (s):
Signature of Account Holder/Payor (Sign After Printing)

.....
Printed Name Date

(PLEASE ATTACH A "VOIDED" CHECK)
Deposit slip or ticket is not acceptable