

# PRE-AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

LOYAL AMERICAN LIFE INSURANCE COMPANY® • PO BOX 5725 • SCRANTON, PA 18505-5725

Proposed Insured's Name		Policy Number (if available)
Financial Institution Name and Telephone Number		
Financial Institution Address		
9-digit Routing Number	Account Number	Requested Withdrawal Date (1st - 28th)

Withdraw Payment:     Monthly                       Quarterly                       Semi-annually                       Annually

Type of Account:         Personal Checking Account     Personal Savings Account     Corporate/Business Checking

Name of Employer Group \_\_\_\_\_

Purpose for submitting this Authorization (check appropriate box(es)):

- |  |   |
|--|---|
| <input type="checkbox"/> New authorization               | <input type="checkbox"/> Change in checking/savings account |
| <input type="checkbox"/> Change in financial institution | <input type="checkbox"/> Change in existing coverage        |

**For checking account:**  
Refer to the sections on the sample check.

**For savings account:**  
Please verify with your bank the account and routing number of your savings account.

0101

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

Dollars

The Routing number is 9 digits between the ■: ■:  
**■: 123456789 ■:**

The Account number is usually to the left of "■". If check number is left of account number, ignore check number.  
**(34567890 "■"**

The Check number should match the upper right corner.  
**(0101)**

**APPLICANT INFORMATION FOR FINANCIAL INSTITUTIONS:**

As a convenience to me, I hereby request and authorize you to pay and charge to my account, drafts drawn on my account by and payable to Loyal American Life Insurance Company provided there are sufficient funds in said account to pay the same on presentation. Such drafts will bear my printed name. I also authorize Loyal American Life Insurance Company and any financial institution it uses to initiate credit entries to my account or to provide refund of premium or association fees (if applicable). I authorize you to accept and to credit these entries to my account. In the event Loyal American Life Insurance Company mistakenly deposits funds into my account, I authorize Loyal American Life Insurance to debit my account for an amount not to exceed the original amount of credit. This authorization shall remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such draft. I agree that your rights in respect to any such draft shall be the same as if it were a check signed personally by me. I further agree that if any such draft is dishonored, whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

**APPLICANT INFORMATION FOR LOYAL AMERICAN LIFE INSURANCE COMPANY:**

It is understood that the initial draft will occur when the policy is issued. All subsequent drafts will be drawn on or about the requested date each month. The presentation of such drafts to the above Financial Institution shall constitute notice of premiums being due upon the contract and association fees (if applicable), and no other notice of premiums or association fees (if applicable) due will be given. No premium or association fee (if applicable) shall be deemed to have been paid unless and until actual payment of the draft drawn for such premium or association fee (if applicable) payment has been received by Loyal American Life Insurance Company. The cancelled draft will constitute receipt of premium or association fee (if applicable) payment. The privilege of paying premiums and association fees (if applicable) under this Plan may be revoked by Loyal American Life Insurance Company if any draft is not paid upon presentation. The payment of premiums and association fees (if applicable) under this Plan may be terminated by the Contract Owner, Financial Institution Depositor if other than Contract Owner, or by Loyal American Life Insurance Company upon 30 days written notice.

Name of Payor (if other than Insured)	Payor's Address
Print name of Depositor (as it appears on account)	Signature of Depositor
	Date