

## Automatic Bank Draft Form

*A convenient payment option for you...*

### Three Easy Steps:

1. Read and complete each item on the Automatic Bank Draft Form.
2. Include either a voided check or deposit slip as required.
3. Include any payments due.

Please enter all Texas Life policy numbers you want drafted with this authorization: \_\_\_\_\_

Texas Life will begin drafting your account for the current or any outstanding premiums due immediately upon receipt of this form. The premium(s) will be drafted on the policy due date(s).

**Please check the appropriate box:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Checking Account</b> | Include a check with "Void" written on it.            |
| <input type="checkbox"/> <b>Savings Account</b>  | Include a deposit slip with "Void" written on it.     |
| <input type="checkbox"/> <b>Resume the Draft</b> | Draft will continue with current information on file. |

Work Number (\_\_\_\_\_) Home Number (\_\_\_\_\_) Mobile Number (\_\_\_\_\_)

Drafts are submitted to the bank on the day your form is received, if past due. Drafts should clear your account within 2 - 3 days. If your draft date falls on a weekend or holiday, it will leave our office on the next business day.

*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 the Texas Life Insurance Company, Waco, Texas provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such draft shall be the same as if it were a draft drawn on you and signed personally by me. The payment of premium under this plan may be discontinued by the Company or the undersigned. You shall be under no obligation to determine the correctness of the amount of any draft drawn under this authority. I further agree that if any such draft be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance. For the purpose of this form, a facsimile copy of my signature shall be as valid as an original. (Fax 254-745-6393)*

\_\_\_\_\_  
**Signature of Bank Account Holder**

\_\_\_\_\_  
**Date**