



Southwest Service Life Insurance Company

P.O. BOX 982005 FORT WORTH, TEXAS 76182-8005 (817) 284-4888 FAX (817) 299-4094

AUTOMATIC PAYMENT AUTHORIZATION FORM

Please PRINT the following information:

Primary Insured: _____

Mailing Address: _____

Policy/Certificate #: _____

As a convenience to me, I hereby request and authorize you to pay and charge my account checks drawn on my account by and payable to the order of the Insurance Company. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to 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 check. I further agree that if any check 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 the forfeiture of insurance.

All of the information requested below is required and very important for us to automatically draw a draft from your bank account for your insurance premiums. Until we receive the requested information, we cannot draw money from your bank account. Therefore, we will send you a premium notice showing the date your premium is due and the amount you should send us to prevent a lapse of coverage for non-payment. You may fax this form to (817) 299-4094.

Bank Name _____

Bank Address _____

Routing #:

Checking

Account #:

Savings

Signature EXACTLY as it appears on bank records _____

Date _____

REQUIRED-ATTACH VOIDED BLANK CHECK HERE

ABC BUSINESS 1234 Park Avenue Anytown, CA	SAMPLE	1044
PAY TO THE ORDER OF _____		\$ <input type="text" value="XXX.XX"/>
Anywhere Bank U.S.A.		DOLLARS
MEMO _____		Not Negotiable
⑆ 133404567 ⑆ 1234561304 ⑆ 1044		

- 1 Bank Routing Number (requires 9 digits)
- 2 Bank Account Number (not to exceed 17 digits)