Name of Proposed Insured			
	First	Middle	Last
AUTOMATIC BANK WITHDRAWA	L AUTHORIZATION		
The company's authority to debit fro will be in force until the premium is p	,	um for this insurance does not begin u	ntil the date the policy is issued. No coverage
			e used. Assurity will begin processing your bank r account could be two or more days after the
I understand that initiating automatic revoked by me in the manner provide	payments may result in additional ded by law. Until it receives now account. I further understand	onal drafts to bring my account current tice of such revocation, I agree that A that if the date of the withdrawal is afte	s to my account listed below for all premiums. This authorization shall remain in effect until ssurity Life Insurance Company shall be fully r the policy issue date and the premium is not
☐ Do not draft initial premium: ☐ F	Payment enclosed or	Payment collected on delivery	
Type of Account:	☐ Savings		
	Ü		
Name of Financ	ial Institution	Routing No. (9-digit number)	Account No.
Account Holder's Printed	Name (if other than Proposed Insu	red/Owner) Relati	onship (if other than Proposed Insured/Owner)
Account Holder's Address	s (Street Address, P.O. Box, City, S	tate, Zip+4)	Name of Authorized Officer (if any)
Signature of Account H	older or Authorized Officer	Date (MM/DD/YYYY)	Telephone No.

TO ENSURE ACCURACY, SUBMIT VOIDED CHECK

(unless application is submitted electronically)

75-050-05055 (R11-10)