

Individual Automatic Premium Collection Agreement and Authorization



Employee Name: _____

Email: _____ Phone: _____

I, the individual who is signing below, hereby authorize Combined Insurance Company of America ("Combined"), to initiate electronic debit entries or to effect a change by any other commercially accepted method, to my checking account (as shown below) in the financial institution named below (hereinafter called Depository). I specifically authorize depository to debit my account on a monthly basis to pay premiums for the insurance for which I have applied today. This authority is to remain in full force and effect until Combined and Depository have each received written notification from me of its termination. I understand that such notification from me must be given with sufficient time and in such manner as to afford Combined and Depository a reasonable opportunity to act on it.

I agree that if premiums are not paid within the grace period under the subject policy(ies), as in the event withdrawals are dishonored, the policy(ies) will terminate. However, certain life insurance policies may contain non-forfeiture provisions and/or automatic premium loan provisions, which may extend coverage for a period of time. The specific provisions of each policy will govern.

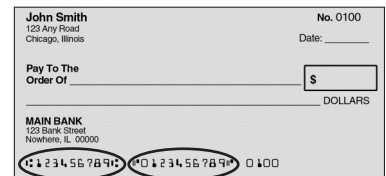
Depositor Name: _____
(Please Print)

Depositor Signature: _____ (Date)
(Signature must be the same as on file at the bank/financial institution.)

Preferred draft date of each month:

COMPLETE THE INFORMATION BELOW OR ATTACH A VOIDED CHECK

Name of Bank	
<input type="text"/>	
City & State of Bank	
<input type="text"/>	
Routing Number (9 digits)	
<input type="text"/>	
Account Number	Account Type
<input type="text"/>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings



9 DIGIT ROUTING NUMBER

ACCOUNT NUMBER

Office Use Only: Policy Number(s): _____