Bank Draft Authorization

Payor Last Name

Insured Social Security Number

Bank Draft Day (dd)

ATTACH APPLICANT'S
VOIDED PERSONALIZED CHECK
HERE
(Do not cover signature field)

AUTOMATIC PAYMENT PLAN BANK DRAFT AUTHORIZATION

BEFORE SIGNING, PLEASE READ AUTOMATIC PAYMENT PLAN AUTHORIZATION:

As a convenience to me, I here by request and authorize you, my financial institution, to pay and charge to my account, checks or electronic debits drawn on my account by and payable to the order of First United American Life Insurance Company, Syracuse, New York, 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 check or electronic debit shall be the same as if it were a check drawn on you and signed 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 such checks or electronic debits 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.

Signature (as it appears on bank records)