

PREMIUM PAYMENT SERVICE PLAN REQUEST FORM
AUTHORIZATION FOR AUTOMATIC BANK TRANSACTIONS

To: Bankers Life and Casualty Company

Charge my account by draft or Electronic Fund Transfer on the _____ day of each month.

I understand these account charges will pay my Bankers premium for each policy or certificate shown below.

I authorize Bankers Life and Casualty Company to initiate electronic debit or credit entries between Bankers Life and Casualty Company and my checking **OR** savings account at:
(ATTACH VOIDED CHECK) (ATTACH DEPOSIT SLIP)

(NAME OF DEPOSITOR)

(NAME OF BANK AND BRANCH NAME, IF ANY)

(ADDRESS OF BANK OR BRANCH WHERE ACCOUNT IS MAINTAINED)

(CITY) (STATE) (ZIP)

the depository institution named on the attached voided check/deposit slip, to withdraw funds for premium payments, deposit policy or certificate benefits, or make corrections for any debits or credits to my account processed in error.

Bank Routing/Transit Identification Number (9 Digits)

Checking/Savings Account Number

I understand that Bankers Life and Casualty Company reserves the right to terminate its electronic fund transfers involving my account at any time and for any reason, and thereafter make such transfers by other generally accepted methods.

This authority remains in effect until Bankers Life and Casualty Company, my bank or other financial institution, or I terminate this agreement in writing.

X _____ DATE: _____
(SIGNATURE OF BANK DEPOSITOR AS SHOWN ON RECORDS FOR THE ACCOUNT TO WHICH THIS AUTHORIZATION APPLIES)

(NAME AND ADDRESS OF APPLICANT *IF DIFFERENT THAN VOIDED CHECK*)

(CITY) (STATE) (ZIP)

THIS FORM AUTHORIZES BANKERS TO START OR CHANGE YOUR **PPSP** SERVICE