

AUTHORIZATION TO HONOR RECURRING DRAFTS/WITHDRAWALS/CHARGES MADE BY AND PAYABLE TO BANKERS FIDELITY LIFE INSURANCE COMPANY, ATLANTA, GA

I hereby authorize you to pay from and charge to my account listed below any draft, withdrawal or charge, including electronic transactions, made by and payable to Bankers Fidelity Life Insurance Company, Atlanta, GA for the premiums due on my insurance policy, provided there are sufficient funds in said account to honor such draft, withdrawal or charge upon presentation. I agree that your rights in respect to each draft, withdrawal or charge shall be the same as if it were a check, withdrawal or charge made personally by me.

This authorization shall remain in effect until Bankers Fidelity Life Insurance Company has received written notification from me revoking this authorization and in such manner as to afford reasonable opportunity to act upon it. I agree that if any draft, withdrawal or charge is dishonored or refused, you shall be under no liability whatsoever, even if such dishonor or refusal results in the forfeiture of insurance.

Policy Number:	Premium Mode: <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly	Desired Draft Date
SELECT A OR B		
A. <input type="checkbox"/> CHECKING AUTHORIZATION <input type="checkbox"/> SAVINGS ACCOUNT AUTHORIZATION		
Name of Financial Institution:		Type of Financial Institution: <input type="checkbox"/> Bank <input type="checkbox"/> Credit Union
Routing/ABA Number:	Account Number:	Attach a voided check if the account number is different than the account number on the initial premium. If the authorization is for a Savings Account, attach a deposit slip.
Signature of Account Holder		
		Date
B. <input type="checkbox"/> CREDIT CARD AUTHORIZATION		
Type of Card: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover		Account Number:
Name of Card Holder as it appears on account		Expiration Date / /
		Month Year
Signature of Card Holder		Date

B 0129 MBD/CC

(8-03)

COMPLETE FOR FAMILY BILLING/LIST BILL

Multiple policies can be paid on a single automatic draft from the same account or billed on a single billing notice. The policies can be on one person or multiple insureds, as long as they are billed on the same day. To set up Family Billing, we will need the following information:

NOTE: Family Billing/List Bill must have the same Payor for all policies listed.		
Name of Payor:		Social Security Number
		-
Policy # (if existing policy)	Name of Primary Insured	Premium Amount
Total Premium		\$

Signature of Payor _____

Date _____

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