

# AMERICAN INCOME LIFE INSURANCE COMPANY

P.O. Box 2608 • Waco, Tx 76797

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## Bank Draft Authorization

• This authorization **MUST** be printed and filled out rather than submitted over the internet. American Income requires an original signature on a bank draft authorization and a void check from the account to be drafted. Other types of requests (such as name and address change) do not require signatures allowing you to request these services via the internet.

**Send authorization with the original signature and a void check to:**

American Income Life Insurance Company  
P.O. Box 2608  
Waco, TX 76797

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Dear Policyholder,

Everyone likes to save time and money and we want to help you do just that. By authorizing us to automatically withdraw your premium from your checking or savings account, you may be able to enjoy a slight reduction in your premium and at the same time save on postage. It is convenient and saves you time, and could possibly save checking fees at your bank.

If you are currently paying your premium through a bill paying service, why not take advantage of this savings and convenience as well?

If you do wish to have your premium deducted automatically, please complete the form below and enclose it along with your current payment indicated on your account. If you have a preference of which day of the month you want us to withdraw your premium, please indicate that day on the form. If no date is noted on the form, we will withdraw your premium on the due date each month.

**Note:** *If you receive other billing notices from us, you will have a similar opportunity to save money by converting to automatic premium payments.*

### BANK DRAFT AUTHORIZATION

American Income Life Insurance Company is authorized to initiate debit entries to the account indicated below, and the bank named below is authorized to debit the same to such account. This authority can be terminated by the undersigned at any time by written notification to the Company, provided only that the Company and the bank will have a reasonable opportunity to act on such notification.

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

Type of Account:  Checking  Savings

### PLEASE ATTACH A VOIDED PERSONAL CHECK

**X** \_\_\_\_\_  
Signature of Payor \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Name of Insured \_\_\_\_\_

Policy Number(s) of Existing Policies \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Requested Draw Date, If Any \_\_\_\_\_

