

Pre-Authorized Check (PAC) Plan

I hereby request and authorize the withdrawal of funds from the bank account named below for premiums or other contract payments until revoked by me in writing or until the policy is paid in full. I understand that my payment will be withdrawn on or about the same day as my chosen withdrawal date and that multiple withdrawals will be taken from my account if my contract is not paid current when the withdrawals are scheduled to begin. Further, I am aware that if any charge to my account is dishonored, for any reason, the company shall have no liability whatsoever, even if such dishonor results in the forfeiture of the insurance contract.

	Insured's Name	Policy Number(s)
The Insured		

	Please note that a void check must be returned with this request in order to ensure accurate and timely processing.				
Bank Information	Account Type: Checking Savings	Name of Bank			
	Routing Number	Account Number			
Account Holder Name		Account Holder 2 Name (<i>if applicable</i>)			
Account Holder Addr	ess City	State	Zip	Telephone Number	

YOUR NAME ADDRESS CITY, ST ZIP	0145
Pay to the Order of	DOLLARS
BANK NAME ADDRESS CITY, ST ZIP FOR	ng Number Account Number DO NOT include the check number.
(00000578940	(1234567am) (1145)

Example of a standard check

NOTE: The routing and account numbers may be in different places on your check.

Do not use the numbers from a deposit slip.

- D Please withdraw my premium on its regular due date.
- □ Please withdraw my premium on the ______ of the month. (Withdrawals available 1st-28th of the month only)
- □ I am aware that I have past due premiums and would like you to make the necessary immediate multiple withdrawals from this account until my contract is paid current.

Printed Name of Account Holder	Signature of Account Holder	Date (mm/dd/yy)

For assistance with this form, please call 1-800-533-2220

Return completed form to:

PO Box 2730 • Rapid City, SD 57709

Or for faster processing, you may fax this form to our office at 1-605-719-0601

This form may be used for business underwritten or administered by American Memorial Life Insurance Company, Union Security Insurance Company, Liberty Life Insurance Company or IA American Life Insurance Company.