

P. O. Box 830619 Birmingham, AL 35283-0619

## PRE-AUTHORIZED WITHDRAWAL AGREEMENT

## FOR DRAFTING OF PREMIUM PAYMENTS

The person paying the premium on the life insurance policy listed below must sign this agreement.

I request and authorize Protective Life Insurance Company to draw against the account listed below to pay premiums once a policy has been issued. I understand that no coverage exists until a policy is issued or I receive a Conditional Receipt/Temporary Life Insurance Receipt.

Policy Number:	Name of Insured:	
Name of Bank:		
Street Address or P. O.	Box:	
City:	State:	Zip Code:
Type of Account:	☐ Checking ☐ Savings	
Routing Number:		
Account Number:		
Premium Frequency:	□ *Monthly (*Only available by bank draft)	☐ Quarterly
	☐ Semi-Annually	☐ Annually
account information application for life in	remium - I understand that authorizing the draft in does not provide any life insurance coverage insurance unless I have signed, dated and met the Agreement/Temporary Life Insurance Receipt.	e on myself or any applicant listed on the
	es a Conditional/Temporary Receipt with this for ill be provided with conditional coverage subje	
Variable life insurance	premiums will not be deducted unless a policy	v is issued.
I request <b>future</b> drafts be <b>policy effective date.)</b>	e made on the day of the month. (The day of the month)	raft date must be on or before the
	Premium Payer	- Depositor (Please Print)
 Date	Signature	

PLEASE INCLUDE A VOIDED CHECK WITH APPLICATION. IF THIS IS TO DRAFT FROM A BROKERAGE ACCOUNT, A VOIDED CHECK IS NOT NECESSARY. DO NOT USE STAPLES.