

**INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT** (herein called IAC)

P.O. Box 14998, Oklahoma City, OK 73113-0998 • 1-800-821-5434

**PRE-AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER**

The purpose of submitting this Authorization is:

New Pre-Authorization Payment Plan       Change in Account Information

Insured's Name		Policy Number	
Accountholder's Name		<input type="checkbox"/> Savings Account or <input type="checkbox"/> Checking Account	
Financial Institution's Name			
Financial Institution's Address			
Routing Number		Account Number	
Premium Payment Amount	Payment Frequency <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly		Draft Date (1st – 28th only)

**APPLICANT'S STATEMENT TO FINANCIAL INSTITUTION**

As a convenience to me, I hereby request and authorize you to pay and charge to my account, drafts drawn on my account by and payable to Individual Assurance Company, Life, Health & Accident, provided there are sufficient funds in said account to pay the same on presentation. Such drafts will bear my printed name. This Authorization shall remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such draft. I agree that your rights in respect to any such draft shall be the same as if it were a check signed personally by me. I further agree that if any such draft is dishonored, whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

**APPLICANT STATEMENT TO IAC**

It is understood that the drafts will be drawn on or about the requested date each month. The presentation of such drafts to the above Financial Institution shall constitute notice of premiums being due upon the contract, and no other notice of premiums due will be given. No premium shall be deemed to have been paid unless and until actual payment of the draft drawn for such premium payment has been received by IAC. The processed draft will constitute receipt of premium payment. The privilege of paying premiums under this Authorization may be revoked by IAC if any draft is not paid upon presentation. The payment of premiums under this Authorization may be terminated by the Insured; Accountholder, if other than the Insured; or by IAC upon 30 days written notice.

\_\_\_\_\_  
Signature of Accountholder

\_\_\_\_\_  
Date

*Please return this completed form along with a voided check, if available.*