

AUTOMATIC BANK DRAFT AUTHORIZATION FORM

I request and authorize America Network Insurance Company (In Rehabilitation) (ANIC) to draft premium payments from my bank account to American Network Insurance Company. These premium payments shall be applied to the policy listed below. I understand I am responsible to ensure that there are sufficient funds in the account to pay the draft upon presentation. I agree that the rights of ANIC with respect to each draft shall be the same as if it were a check drawn on the account and personally signed by me. This authorization shall remain in effect until revoked by me in writing and until ANIC actually receives such notice. I agree that my bank or financial institution shall be fully protected in honoring such drafts. This agreement shall not modify, change or affect any of the policy provisions with respect to payment of premiums. This agreement shall cease to be effective if my financial institution fails or refuses to pay any such check. In such an event I understand that I remain responsible for the timely payment of premiums and that if premiums are not paid, my policy may lapse or otherwise be terminated in accordance with the terms of the policy. ANIC shall have no liability or responsibility if my financial institution fails or refuses to pay any such check for any reason. I understand that processing this request may take approximately 30 days.

Policyholder name: _____ Policy number: _____

Name of bank or financial institution: _____

ANIC will draft my account on or about the 15th or 30th of the month, based on the policy's due date.

Withdrawal schedule (check one): ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Authorized signature (as it appears on bank documents) Date Print Name

**If signing as the policyholder's personal/legal representative,
attach a copy of legal document if not already on file**

**Attach a blank
voided check here**