



**POLICY SERVICE
BANK AUTHORIZATION FORM**



United Home Life Insurance Company and
United Farm Family Life Insurance Company
Indianapolis, Indiana

To: _____ Bank

Bank Address

As a convenience to me, I hereby request and authorize you to pay and charge to my account debit entries drawn on my account and payable to the order of the United Home Life Insurance Company, Indianapolis, Indiana, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit entry shall be the same as if it were a debit entry drawn on you and signed personally by me. This authority is to 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 debit entry.

I further agree that if any such debit entry be dishonored whether with or without cause and whether intentionally or inadvertently you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Account Number Requested Draft Day

Bank Signature of Premium Payor Date

Checking Savings

Policy Number

Insured Name

A VOIDED CHECK OR BANK STATEMENT MUST ACCOMPANY THIS FORM