



NEW BUSINESS
BANK AUTHORIZATION FORM



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

INCLUDE COPY OF VOIDED CHECK FOR BANK DRAFT

Please select ONLY one option, complete bank information and sign authorization below.

[] Draft my account for the first premium (initial premium may be drafted upon receipt of this application). Please draft subsequent premiums on the _____ day of each month.

[] Draft my account for the first premium on: _____ . All
Month, Day

subsequent drafts will occur on this same day each month.

[] Do NOT draft my account for the first premium. The initial premium is attached, is being mailed or will be collected on delivery. Please draft subsequent premiums on the _____ day of each month.

I understand that my policy will not be effective until the date it is issued by the Company.

All premium checks must be made payable to United Home Life Insurance Company. Do not make check payable to the agent or leave payee blank.

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

Date

Bank Signature of Premium Payor