

Insuring Company:

(Please complete using black ink)

- ___ American-Amicable Life Insurance Company of Texas – www.AmericanAmicable.com
- ___ IA American Life Insurance Company – www.IAAmerican-Waco.com
- ___ Industrial Alliance Insurance and Financial Services, Inc. – www.iaplif-Waco.com
- ___ Occidental Life Insurance Company of North Carolina – www.OccidentalLife.com
- ___ Pioneer American Insurance Company – www.PioneerAmerican.com
- ___ Pioneer Security Life Insurance Company – www.PioneerSecurityLife.com

Bank Draft/Deposit Authorization

PO Box 2549, Waco, TX 76702-2549

Toll-Free 800-736-7311

Fax 254-297-2105

Scan to pos@aatx.com

PLEASE NOTE: You may make this change on our websites or by completing and returning this form. We will draft for all due premiums immediately upon receipt of this authorization.

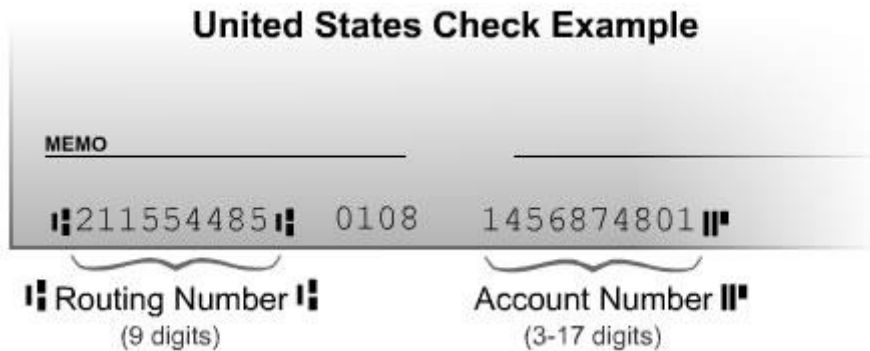
Name of Policy Owner _____

Policy Number(s) of Existing Policies _____

Phone Number: _____

The Company indicated above is authorized to initiate debit or credit entries to the account indicated below, and the Bank named below is authorized to debit or credit the same to such account. This authority can be terminated by the undersigned at any time by notification to the Company, provided only that the Company and the bank will have a reasonable opportunity to act on such notification.

Bank Name _____ Bank City, State _____



Routing/ABA Number _____ Account Number _____

Account holder(s) Name (Please Print) _____

Account Type: (Circle One) Checking Savings Requested Draft Date, If Any (3rd-28th) _____ OR

Circle One of the Following: 1st 2nd 3rd 4th Wednesday of Every Month

Amount: \$ _____ PLEASE ATTACH A VOID CHECK

Please note that the draft date you choose cannot be more than 10 days from the policy due date. Also, if your draft date falls on the weekend or a holiday it will process on the next business day.

SIGNATURE (AS ON FINANCIAL INSTITUTION RECORDS)

DATE