



****BANK DRAFT AUTHORIZATION****

DRAFT SERVICE

DATE _____

To the (name of bank) _____ Bank of

(City) _____ Check **one**: Checking Savings

Bank Account No. _____ Routing/Transit No. _____

You are hereby authorized to charge my account and pay all drafts drawn by American Farm Life Insurance Company, Fort Worth, Texas. Each not to exceed premiums as they are due on Policy No.(s) _____ until otherwise instructed by me in writing and subject to the conditions printed below. I understand and agree that said Bank neither incurs nor assumes any liability and shall be held harmless against any and all claims which may arise in connection herewith.

Requested day of month to draft (1 – 28) _____.

YOUR CHECK SIGNATURE _____

PRINTED NAME _____

****CONDITIONS****

In consideration of the American Farm Life Insurance Company, hereinafter referred to as the Company, having agreed to make drafts for premiums in the manner described above, it is hereby mutually understood and agreed:

1. That the arrangement for payment of premiums in this manner may be terminated by either the policy holder or the Company at any time by thirty days notice in writing to the bank and to the opposite party, such notice to be sent by registered mail;
2. That the designated bank has no authority to extend the time, as provided in the policy, within which the premium may be paid, and unless the draft is honored on or before the premium paying date or within the grace period provided in the policy, the premium will not be considered as paid and the policy shall be lapsed as of the date on which such premium was due.
3. That if the draft is returned for Non-Sufficient Funds (NSF), the Company will attempt to process the payment again on the next business day following the NSF notification. If payment is rejected a second time, drafting will be stopped and the policy changed to direct billing mode.

FAX SIGNED BANK DRAFT AUTHORIZATION AND VOID CHECK TO 817-446-5181

A VOIDED CHECK MUST ACCOMPANY REQUEST
