TEXASLIFE INSURANCE COMPANY

Automatic Bank Draft Form

SMoEQQ

A convenient payment option for you...

CITY OF SALEM SCHOOLS

Three Easy Steps:

1. Read and complete each item on the Automatic Bank Draft Form.
2. Include either a voided check or deposit slip or provide bank information below.
3. Include any payments due.

Please enter all Texas Life Insurance Company contract numbers you want drafted with this authorization: _____

_____

Texas Life will begin drafting your account for the current or any outstanding premiums due immediately upon receipt of this form. The premium(s) will be drafted on the contract due date(s).

Bank Name: _____ Please check appropriate box:

Account Holder Name: _____ ☐ Checking

Routing #: _____ ☐ Savings

Account #: _____ **OR** include a voided check or deposit slip

Contact information:

Cell Number: (_____) _____ Work Number: (_____) _____

Drafts are submitted to the bank on the day your form is received, if past due. Drafts should clear your account within 2 - 3 days. If your draft date falls on a weekend or holiday, it will leave our office on the next business day.

As a convenience to me, I hereby request and authorize you to pay and charge to my account drafts drawn on my account by and payable to the Texas Life Insurance Company, Waco, Texas 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 draft shall be the same as if it were a draft drawn on you and signed personally by me. The payment of premium under this plan may be discontinued by the Company or the undersigned. You shall be under no obligation to determine the correctness of the amount of any draft drawn under this authority. I further agree that if any such draft 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 forfeiture of insurance. For the purpose of this form, a facsimile copy of my signature shall be as valid as an original. (Fax 254-745-6393)

_____ _____

Signature of Bank Account Holder **Date**

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