

Automatic Deposit Agreement Form

Owner's Name: _____ Contract Number: _____
 Joint Owner's Name: _____
 Owner's Address: _____
 Telephone Number: _____ SSN / Tax ID: _____
 Payee name, if different from Owner: _____

Provide Checking Account Information • Attach A Voided Check Below

Name of Bank: _____ Bank Phone: _____
 Bank Address: _____
 Account Number: _____ Bank Routing Number: _____

Attach A Voided Check

**This form must be received by the Company at least 15 days prior to the date of the first automatic deposit.*

NOTARY:

For your protection, Protective Life requires a Notary Signature for ALL first time electronic fund transfers (EFTs), new bank accounts, changes to your bank account on file, payments to a different address than on file or third party payees. If your request does not include a notarization, we will process your request as a check to the address of record.

NOTARY PUBLIC SEAL STAMP HERE:

 Notary Public Signature Date

 Title

SIGNATURE(S) – I (We) authorize the Company to deposit payments directly into my (our) checking account listed above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) account. I (We) understand that this automatic deposit will be made as scheduled until I (we) provide written notice to the Company to discontinue this service, which I (we) may do at any time. I (We) understand that the Company has no liability with respect to any payments made in accordance with this Agreement and may discontinue automatic deposit at any time. I (We) also understand that I (we) will receive notice of the deposit in my (our) bank statement.

 Owner's Signature Date Joint Owner's Signature Date

 Payee's Signature, if different from Owner Date

¹ Not authorized in New York