



Protective Life Insurance Company  
P.O. Box 830619  
Birmingham, AL 35283-0619

**PRE-AUTHORIZED WITHDRAWAL AGREEMENT**

**FOR DRAFTING OF PREMIUM PAYMENTS**

The person paying the premium on the life insurance policy listed below must sign this agreement.

I request and authorize Protective Life Insurance Company to draw against the account listed below to pay premiums. I understand that no coverage exists until a policy is issued or I receive a Conditional Receipt/Temporary Life Insurance Receipt.

Policy Number: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Account:  Checking  Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Premium Frequency:  \*Monthly (\*Only available by bank draft)  Quarterly  
 Semi-Annually  Annually

**Draft the initial premium** - I understand that authorizing the drafting of the initial premium and providing the account information does not provide any life insurance coverage on myself or any applicant listed on the application for life insurance unless I have signed, dated and met the terms and conditions of the Protective Life Conditional Receipt Agreement/Temporary Life Insurance Receipt.

**If the Company receives a Conditional/Temporary Receipt with this form your premium will be drafted immediately and you will be provided with conditional coverage subject to limited terms and conditions.**

**Variable life insurance premiums will not be deducted unless a policy is issued.**

I request future drafts be made on the \_\_\_\_\_ (1st - 28th) day of the month.

\_\_\_\_\_  
Premium Payer - Depositor (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PLEASE INCLUDE A VOIDED CHECK WITH APPLICATION. IF THIS IS TO DRAFT FROM A BROKERAGE ACCOUNT, A VOIDED CHECK IS NOT NECESSARY. DO NOT USE STAPLES.**