Protective Life Insurance Company

Life and Health Insurance Administration P.O. Box 12687 Birmingham, AL 35202-6687

PRE-AUTHORIZED WITHDRAWAL AGREEMENT

FOR DRAFTING OF PREMIUM PAYMENTS

I request and authorize Protective Life Insurance Company to draw against the account listed below to pay premiums on the following policies:

Policy Number	Name of Insured	Name of Policy Owner
Name of Bank: _ _		
Street Address or P.O. Box:		
City:		
State: Zip Code: _		
Type of Account:		
Routing Number: _	_	_
Account Number: _		
PLEASE ATTACH A VOIDED CHECK. DO NOT USE STAPLES.		
BANK NAME ADDRESS CITY, STATE ZIP	This sample chec	
:012345678: 0123456789012	A	
Bank Routing Bank Account Number Number	Check Number	
Premium Frequency (Please che	eck one.): Monthly Quart	erly Semi-Annually Annually
I request future drafts be mad	le on the ((1 st – 28 th) day of the month.
☐ Past Due Premium Payments: If premiums are past due, I understand that by selecting this box that I am authorizing the drafting of all outstanding premiums due. The amount that is due may be more than one premium.		
Premium Payor – Depositor (Please Print)		
Please complete your name and email address if you would like us to send you draft confirmations.		
Your Name:	_	
Email Address: _ _		