

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: _____

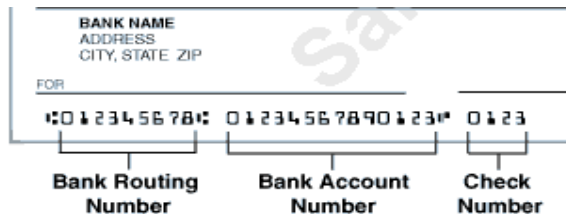
City: _____ State: _____ Zip Code: _____

Type of Account: ☐ Checking ☐ Savings

Routing Number: _____

Account Number: _____

PLEASE ATTACH A VOIDED CHECK. DO NOT USE STAPLES.



**This sample check illustrates
the location of Routing and
Account numbers.**

Premium Frequency (please check one): ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

I would like the date of the withdrawal to occur on the _____ (1st – 28th).

☐ Past Due Premium Payments: If premiums are past due, I understand that by selecting this box, I am authorizing the drafting of all outstanding premiums due. The amount that is due may be more than one premium.

Signature of Authorized Signer/Payer

If you would like to receive draft reminders, please complete your information below:

Name: _____

Email Address: _____

*For text message reminders, please sign up at www.myaccount.protective.com/login.