

## PRE-AUTHORIZED WITHDRAWAL AGREEMENT

FOR DRAFTING OF PREMIUM PAYMENTS

I request and authorize Protective Life & Annuity 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: \_\_\_\_\_

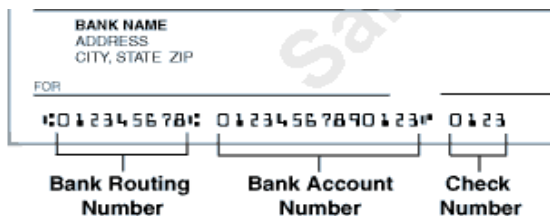
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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 request future drafts be made on the \_\_\_\_\_ (1<sup>st</sup> – 28<sup>th</sup>) 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: \_\_\_\_\_