

### Automatic Payment Authorization

To have your premiums automatically drafted from your bank account, complete this Authorization and return it with a voided check and premium payment for the current month.

**1. Complete the Authorization:**

Print your name (exactly as it appears on your bank statement), phone number, policy numbers (if you only have one policy, please leave the other fields blank), bank name, and city. Sign and date the Authorization (be sure your signature matches your bank records).

**2. Mail the Authorization, a voided check, and your payment to USAbLe Life:**

Return the Authorization, a voided personal check (business and temporary checks are not accepted for automatic payment authorization), and payment for the current month due to:

**USAbLe Life**  
**P.O. Box 204665**  
**Dallas, Texas 75320-4665**

**3. USAbLe Life takes over from here!**

USAbLe Life will process your Authorization within 8-10 business days. Once your Authorization is processed, your insurance premium will automatically be deducted from your checking account by USAbLe Life on the fourth day of each calendar month.

### Automatic Payment Authorization

<b>Name:</b>	<b>Phone Number:</b>
<b>Email:</b>	<b>Policy Number(s)</b>
<b>Policy Number(s)</b>	<b>Policy Number(s)</b>
<b>Bank Name:</b>	<b>City:</b>

I hereby authorize USAbLe Life to debit my account in the financial institution named above and authorize the financial institution to honor these actions and debit my account. The initial amount debited by USAbLe Life will be equal to the amount of premium due for the above-referenced policies at the time of the automatic draft in order to pay the policies current. Thereafter, the amount will equal one month's premium each month. The draft will be initiated on the 4th day of the month for which the premium is being paid. If USAbLe Life is unable to draft my account (or to draft the full amount due) on the scheduled draft day, USAbLe Life may draft my account more than once in the month in order to collect the current month's premium as well as past premiums of up to \$300 per month, in order to bring the policies current.

I understand that I may cancel this Authorization by notifying USAbLe Life or the bank in writing in time to afford USAbLe Life and the bank a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sign, date, and return this Authorization Agreement, along with a voided check (temporary checks are not accepted) and payment for the current month due. If payment for the current premium is not included, USAbLe Life will draft your account to bring the policies current.

Questions?

If you have additional questions, please contact Customer Care at 800-370-5856, Monday through Friday, 8 a.m. to 5 p.m. (CT).

