



**UNITED LIFE INSURANCE COMPANY**

PO Box 73909 Cedar Rapids, Iowa 52407-3909

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PREMIUM WITHDRAWALS

Company Name: **UNITED LIFE INSURANCE COMPANY**

I (we) hereby authorize **United Life Insurance Company**, to initiate premium withdrawals from my (our) checking account for payments of premium on policy(ies) listed below.

Policy Number	Print Name of Insured	Premium Payment	Loan Repayment	Total

Please indicate: \_\_\_\_ Bank change \_\_\_\_ Premium Change \_\_\_\_ Monthly \_\_\_\_ Quarterly \_\_\_\_ Other

Withdrawal Date \_\_\_\_\_  Checking  Savings  
(month and day) – 1st through 28th only

Change Existing Loan Payment to \_\_\_\_\_

Special Instructions: \_\_\_\_\_

This authority is to remain in full force until United Life Insurance Company and/or the bank have received written notification from me of its termination in such time and in such manner as to afford United Life Insurance Company and the bank a reasonable opportunity to act on it.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of premium payor as shown on bank records

NOTE; PLEASE RETURN ALONG WITH COPY OF VOIDED CHECK. DO NOT SEND A DEPOSIT SLIP.

Send your request to:

United Life Insurance Company  
PO Box 73909  
Cedar Rapids, Iowa 52407-3909  
800-637-6318  
FAX 888-726-9736

***Be sure to notify us at least 2 weeks prior to the effective date of the change.***