

# Pre-Authorized Checking



## Zurich American Life Insurance Company

Administrative Office  
7045 College Boulevard  
Overland Park, KS 66211-1523

Phone: 888.634.6780  
Fax: 888.796.7545  
[www.zlifeusa.com](http://www.zlifeusa.com)

Policy Number

Insured Name(s)

Owner (if other than Insured)

As a convenience to me, I request and authorize the Insurer named above to pay and charge to my account debit entries drawn on my account. I agree that the Insurer's rights in respect to each debit entry is the same as if it were a check drawn on by the Insurer and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that the Insurer and my Financial Institution will be fully protected in honoring any debit entry. I authorize:

1. Recurring debits; **and**
2. Other debits made from time to time, as I may authorize.

Beginning Debit Date:    /    /     
                                  MM    DD    YYYY

Amount:    \$    \_\_\_\_\_

Frequency:     Annual     Semi-Annual     Quarterly     Monthly

Bank Account Type:     Checking     Savings

Account Holder:     Individual     Business

Bank Routing Number    Bank Account Number

Name of Financial Institution

John Doe 123 Main Street Anytown, NJ 10000-1234	Date _____	1234
PAY TO THE ORDER OF _____		\$ _____
		DOLLARS
ANY BANK 456 Main Street Anytown, NJ 10000-1234		
MEMO _____		
⑆000000000⑆ 000000000000⑆ 1234		

⑆000000000⑆ 000000000000⑆  
Bank Routing Number    Bank Account Number

Note: Please attach a voided check or deposit slip.

The Insurer cannot establish banking services from starter checks, cash management, brokerage, or mutual fund checks. Further, the Insurer cannot establish banking services from foreign banks **unless** the check is being paid in U.S. dollars through a U.S. correspondent bank (the U.S. correspondent bank name must be on the check).

1. The payment of the premiums in this manner may be discontinued at any time by the Insurer upon thirty days written notice or without notice if any debit entry is not paid upon presentation.
2. This authorization is revocable by the undersigned upon receipt by the Insurer of written revocation.
3. If any debit is dishonored, the premium for which the debit entry is being made will be considered in default.
4. If any debit entry is dishonored, whether with or without cause, and whether intentionally or inadvertently, the financial institution will not be held liable whatsoever even if the dishonored debit results in the forfeiture of insurance. By signing below, I (the bank account holder) understand and accept the terms and conditions in this document.

Signed and dated in:

City, State

Date (MM/DD/YYYY)

Signature of Account Holder (as it appears on account)

Name of Account Holder (please print)

Signature of Joint Account Holder (as it appears on account)

Name of Joint Account Holder (please print)

Account Holder's Telephone Number

**A facsimile of this form is as valid as the original**