GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

"AUTOMATIC" PAYMENT PLAN AUTHORIZATION

Applicant's Last Name

Applicant's Social Security Number

Bank Draft Day (01 to 28 only)

Please TAPE personalized VOIDED CHECK here.

DO NOT STAPLE.

Account Holder's First Name

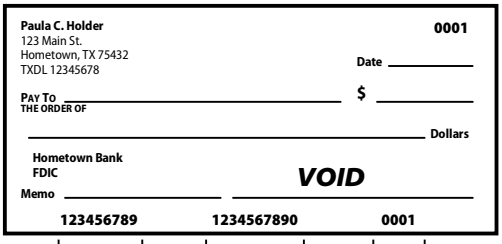
M.I.

Account Holder's Last Name, if different from above

Bank ABA Routing Number

Account Number

Account information fields above must be complete if voided check is not attached.
See the example check below for the location of the Bank Routing Number and Account Number.



AUTOMATIC PAYMENT PLAN AUTHORIZATION: I authorize you to pay and charge to my account, checks or electronic debits drawn on my account by and payable to the order of Globe Life And Accident Insurance Company. This authorization is to remain in effect until revoked by me. All premiums may be automatically withdrawn from my account on MONTHLY mode, unless a different mode has been selected on the application.

Account Holder's Signature (as it appears on financial institution records)

Branch Manager's Verification and Branch Number