PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY®

Employer Bank Draft Authorization

P.O. Box 4884
Houston, Texas 77210-4884 800-552-7879

Attach a voided check on the account to be drafted and complete the authorization below.

AUTHORIZATION TO MY BANK

As a convenience to me, I hereby request and authorize you to pay and charge my account, checks or electronic debits drawn on my account by and payable to the order of the Philadelphia American Life Insurance Company, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or electronic debit shall be the same as if it were drawn on you 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 you shall be fully protected in honoring any such check or debit. I further agree that if any such check or electronic debits be dishonored whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

Bank Draft Agreement with Philadelphia American Life Insurance Company

If a company bank draft is selected to pay premiums on behalf of the company's employees, the Employer agrees to the following:

The Employer agrees to be responsible for notifying Philadelphia American Life Insurance Company (PALIC) of employee terminations from this bank draft program so that alternate premium payment arrangements can be made directly with your former employee(s). The Employer also agrees to honor all changes resulting from premium increases due to age changes, rate increase and dependent eligibility when presented.

It is understood that PALIC cannot be responsible for premium refunds to the Employer for employees that have not been removed from this bank draft program in a timely manner. Refunds to the Employer due to premium drafts that occur after separation will require an authorization from the former employee acknowledging that the funds were not taken from his/her payroll.

_____ _____

Signature of Account Holder | Date

Account Holder's Name _____ Type of Account _____

Bank Name _____ Routing Number _____

Account Number _____

Employees to be included in this draft agreement (limit 10)

(Each employee that is to be a part of this bank draft agreement must be listed below)

☐ New Bankdraft or ☐ Addition to Existing Bankdraft

Agent Name | Agent # | Agent Phone Number | Agent Email Address