ACADEMY Life Insurance Company

GROWTH IS OUR TRADITION

PRE-AUTHORIZED DEBITS TO SAVINGS ACCOUNTS

The accountholder below has pre-authorized our Company for an electronic debit from his/her savings account at your financial institution on a monthly basis to pay premiums on insurance with our Company.

_____
Name of Client

Policy No. _____

We are asking for your verification of the transit and account number held by this person to enable us to properly submit the pre-authorized debits. Please provide the information on the form below.

Thank you.

---

*Transit Number Field (9 Digits)

*Account Number (17 Digits Possible)

We verify that the above-named accountholder does hold the savings account indicated and that we will honor electronic debits drawn by your company on this savings account.

_____
Signature of Bank Employee

( ) _____
Phone Number of Bank Employee

_____
Name of Bank

_____
Date

_____
Address of Bank

4333 Edgewood Road N.E./Cedar Rapids, Iowa 52499/Telephone 1-800-625-4213