

AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM

Return to:
PO BOX 833879
RICHARDSON TX 75083-3879



- Champions Life Insurance Company
- Central Security Life Insurance Company
- Western American Life Insurance Company
- _____
(Hereinafter referred to as the Company)

Please type or print

With the Automatic Payment Plan, there's no need to write monthly checks or remember due dates. We'll automatically send a transaction to your financial institution on or near the due date. The money is deducted from your account, with your bank statement serving as a record of premiums paid. Enrollment is easy! Just follow these steps:

1. Complete, print and sign this authorization form.
2. For bank approval, write "VOID" across a blank, unsigned check.
3. Attach the voided check to your form, and mail it to the address listed above.

Cancel this privilege at any time by notifying the Company. Please allow 7 days for processing.

Automatic Payment Plan Authorization Form

I hereby authorize the bank or financial institution named on the attached sample below to pay my insurance premium every month (or at the time period checked below) by check or electronic account debits drawn by and payable to the Company.

The bank or financial institution will be fully protected in honoring these payments until written notice canceling this request is received.

Policyowner Name _____
First Name Middle Initial Last Name

Address _____ Phone (____) _____

City _____ State _____ ZIP Code _____

Policy Number(s) _____

Accountholder's Name _____

X _____ Date ____/____/____
Accountholder's Signature

Preferred Billing Method (Check One): Monthly Quarterly

Attach Check Here

John Doe	1000
000 Main Street	
Any Town, USA 12345	_____ 19 _____
Pay to the	
Order of _____	\$ _____
_____	Dollars
Memo _____	
:100000016: 00000000 0000	