



**AUTHORITY TO HONOR PRE-AUTHORIZED PAYMENTS TO ABOVE NAMED INSURER**

NAME: (Please Print) \_\_\_\_\_  
(Last) (First) (Middle)

Bank Account No.: \_\_\_\_\_

Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

You are hereby authorized, as a convenience to me, to debit entries including checks, drafts and other orders whether by electronic or paper means. The debits are to be drawn by and payable to the order of the above named insurer, provided there are sufficient funds in the account specified above. Your rights in respect to each debit will be the same as if it were a check drawn on you and signed by me. This authorization will remain in effect until you receive written notice of revocation. I agree that you will be fully protected in honoring any check or order; if such a check or order is dishonored, for any reason, you shall be under no liability whatsoever for any resulting damages, even if such dishonor results in the forfeiture of insurance.

It is understood that you shall not be obligated to honor any debit pursuant to this authority after (30) thirty days notice in writing from you, either to me, or the above named insurer, 55 West Street, Keene, P. O. Box 506, NH 03431-0506, which I understand may occur without notice to me from you.

Date \_\_\_\_\_, 19\_\_\_\_\_  
Signature (as shown on bank signature card)

4395D-PD INSTITUTION COPY

Joint Account additional signature

**PRE-AUTHORIZED PAYMENT AUTHORIZATION TO ABOVE NAMED INSURER**

In accordance with an authorization given by me today to:

\_\_\_\_\_ (bank) \_\_\_\_\_ (branch)  
\_\_\_\_\_ (address) \_\_\_\_\_ (city, state, zip)

You are authorized to draw monthly on my checking account at this bank on or about the earliest premium due date of the month of these policies for:

<b>Policy No. (or applicant owner)</b>	<b>Premium Payments</b>	<b>Premium Deposit Funds</b>	<b>Loan Repayments</b>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>Total</b>	\$ _____	\$ _____	\$ _____

Bank Account \_\_\_\_\_ attach voided check  
No.: \_\_\_\_\_ having this number

Any overpayment on a loan will be refunded to me in cash. This authority may be terminated by either you or me upon written notice to the other.

Date: \_\_\_\_\_, 19 \_\_\_\_\_

Signature (as shown on bank signature card)

4395D-PD CUSTOMER COPY

Joint Account - additional signature

## AGENT'S INSTRUCTIONS TO HOME OFFICE

1. (Check one)

- Establish new PAP
- Add to existing PAP

2. The PAP is to be used with (check appropriate boxes)

- New application to be placed on PAP
- Existing policies to be placed on PAP

No. \_\_\_\_\_ No. \_\_\_\_\_ No. \_\_\_\_\_ No. \_\_\_\_\_

- Premium payments in the amount of \$ \_\_\_\_\_ monthly
- Deposits in the amount of \$ \_\_\_\_\_ monthly
- Policy loan repayments in the amount of \$ \_\_\_\_\_ monthly

3. Change the bank account or number as follows:

\_\_\_\_\_  
\_\_\_\_\_

4. Special instructions to Home Office:

\_\_\_\_\_  
\_\_\_\_\_

### INDEMNIFICATION AGREEMENT

TO: Bank named on the reverse side : In consideration of your compliance with the request and authorization of the depositor and Insurer named on the reverse side ( hereinafter "Insurer" ) the Insurer agrees:

1. To indemnify and hold you harmless from any liability you may incur as a consequence of your actions resulting from or in connection with any check, draft or order, whether by electronic or paper means whether or not genuine purporting to be drawn by Insurer to its own order on the account of a person having an account with you and received by you in the regular course of business for purpose of payment, including any costs of expenses reasonably incurred in connection therewith.
2. In the event the check, draft, or order is dishonored, whether with or without cause, intentionally or inadvertently, to indemnify you for any liability even though dishonor results in forfeiture of the insurance.
3. To defend at Insurer's cost and expense any action which might be brought by any depositor or any other person because of your actions taken pursuant to your depositor's authorization or in any manner arising by reason of your participation in this pre-authorized payment plan, and you shall promptly notify us of any action to provide us any opportunity to defend.
4. That any amounts erroneously paid by you to Insurer on any such check shall be refunded if claim is made within twelve months from the date of the erroneous payment.
5. That you reserve the right to discontinue this pre-authorized payment plan at any time after 30 days notice in writing whether to your depositor or to Insurer, 55 West Street. P.O. Box 506, Keene, NH 03431-0506. Then the continuation of payments will be a matter of arrangement between your depositor and Insurer.

Authorized in a resolution adopted by the Executive Committee of the Board of Directors of the Insurer named on the reverse side.

SECURITY LIFE OF DENVER  
INSURANCE COMPANY

By:           *E L Copeland*