

**S.USA Life Insurance Company, Inc.**  
P.O. Box 2549  
Waco, Texas 76702

1-800-746-1670  
Visit us at [www.susa-waco.com](http://www.susa-waco.com)  
E-mail: [premiumaccounting@susa-waco.com](mailto:premiumaccounting@susa-waco.com)

*Policy administration services provided by American Amicable Life Insurance Company of Texas.*

## PREMIUM PAYMENT AUTHORIZATION FORM

Insured Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### AUTHORIZATION AND SIGNATURE

As a convenience to me, I hereby authorize the Company to make charges from my bank account with the financial institution identified below ("withdrawals") for payment of insurance premiums becoming due. I understand that these charges will continue until my policy has been paid-up or until I revoke this Authorization. I also authorize the Company to verify account information by accessing a consumer report. This Authorization is subject to the following conditions:

- Authorized withdrawals constitute due notice of premiums being due.
- I must give the Company at least 7 days' written notice of a change to an upcoming withdrawal or revocation of this Authorization.
- Amounts not honored by the bank shall constitute non-payment of premium, and coverage may lapse.
- The Company may discontinue withdrawals at any time and bill me directly.

Accountholder's Name: \_\_\_\_\_  
(Name printed exactly as it appears on account)

Accountholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address on Account: \_\_\_\_\_

SSN: \_\_\_\_\_

Relationship to Proposed Insured/Insured:

Self

Other, describe: \_\_\_\_\_

### SECTION 1: PREMIUM PAYMENT DATE

*The options below allow you to select the date that best fits your needs. If you are submitting this form with an application for a new policy, please note that coverage will not be effective until we receive your first premium payment.*

Mode (choose one):       Monthly       Quarterly       Semi-Annual       Annual

Payment Date (choose one):

Draft on policy effective date and on same modal date thereafter (default if no selection made)

Draft on specific day of the month \_\_\_\_\_ (1 to 28) and on same modal date thereafter\*

Check this box if the 1st or 3rd was selected above and the draft/charge is linked to your monthly Social Security deposit\*\*

Draft on the 2nd, 3rd, or 4th Wednesday of every month based on the payor's birthdate

(DOB: \_\_\_\_\_)

Birthdates: 1st to 10th (second Wednesday), 11th to 20th (third Wednesday), 21st to 31st (fourth Wednesday)

\* For a new insurance application, the initial draft date must occur within 35 days after the application is signed. For an existing policy, this form must be received at least 7 days prior to the requested draft date, otherwise the draft will begin the following month.

\*\* **Note: For these selections, if the date you selected falls on a weekend or holiday, deduction will be on prior business day. All other selections, if draft date falls on a weekend or holiday, deduction will be on next business day.**

## PREMIUM PAYMENT AUTHORIZATION FORM (Continued)

### SECTION 2: PAYMENT METHOD

*Please provide bank information in the following section:*

Electronic Fund Transfer (EFT)

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

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking or Savings: \_\_\_\_\_ (not all banks allow EFT debit to a savings account)

Mail forms to:

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