

I hereby authorize Presidential Life Insurance Company, ID Number 132570714 to initiate debit entries from the account named below to pay premiums on the policy number below. Presidential Life Insurance Company is also authorized to initiate, if necessary, adjustments to the account for any debit or credit entries made by the company in error.

POLICY # _____ INSURED _____

DEPOSITORY NAME _____

BRANCH _____ CITY _____ STATE _____ ZIP _____

TRANSIT/ABA # _____

ACCOUNT # _____

Select one: Checking Savings

NAME(s) on account _____

This authority is to remain in full force and effect until Presidential Life receives written notice of its termination signed by the account holder(s) in such time and in such manner as to afford the company and the depository a reasonable opportunity to act on it.

Signature of account holder

Date

Signature of joint account holder (if applicable)

Date

PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT
OR
DEPOSIT SLIP FOR SAVINGS ACCOUNT

◆◆◆ PLEASE VERIFY ALL ACCOUNT INFORMATION WITH YOUR BANK ◆◆◆