



**AUTHORIZATION TO HONOR CHECKS DRAWN BY CSA FRATERNAL LIFE**

As a convenience to me, I hereby authorize CSA Fraternal Life, hereinafter called the Society, to initiate checks by automatic bank draft to the account identified on this form and payable to CSA Fraternal Life, provided there are sufficient funds in my account to pay such debits upon presentation. I agree that your rights with respect to each such check shall be the same as if it were a check payable to you and signed personally by me. This authorization is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check and if any such check is dishonored, then you shall have no liability whatsoever, though such dishonor results in the forfeiture of insurance.

Bank Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Routing Transit Number: \_\_\_\_\_

**IF YOU ARE PAYING FOR MORE THAN ONE POLICY, PLEASE LIST IN THE BOX TO THE RIGHT.**

PREMIUM	CERTIFICATE NO.
\$	
\$	
\$	
\$	

Checking

Savings

**PLEASE ATTACH A VOID CHECK**

**AGREEMENT:**

I request and authorize the Society to draw Pre-Authorized Checks (PAC) on my account maintained at the bank named on this form. It is agreed that:

1. Checks shall be drawn to the Society for premiums and/or policy loan repayment as directed by me. I understand that checks drawn under this PAC plan for loan repayments, upon being charged to my account by the bank, shall be my receipt for the payment as designated.
2. The Society shall incur no liability by reason of dishonor of any such check, whether with or without cause and whether intentionally or inadvertently. I agree that I shall be liable to reimburse the Society for any and all bank fees incurred by the Society due to 'insufficient' or 'uncollected' funds.
3. I understand that changing my account number, financial institution or discontinuing this agreement will require written notification to the Society and the financial institution in sufficient time for both parties to act upon my request.
4. Any requirement for giving notice of premiums due shall be waived so long as this PAC plan is in effect for the payment of premiums; the cancelled check shall constitute a receipt, but no payment shall be deemed to have been made unless and until the Society receives actual payment at its Home Office. Use of the PAC plan or a request signed by me that such checks be drawn on other than the premium due date, shall in no way alter or amend the provisions of the certificate as to premium payment or the grace period provisions in connection herewith.
5. If the scheduled draft date should fall on a week-end or holiday, the draft will occur on the first business day following the normally scheduled draft date.
6. If a check drawn by the Society on my account includes the premium for more than one certificate and/or includes loan repayments, I understand and agree that no premium shall be deemed paid nor shall a loan repayment be deemed made until the Society receives actual payment of the full amount of such check at its Home Office. Should any check not be honored by said bank upon presentation, then it is understood that such payment shall be charged back to the certificate or certificates.
7. This agreement can be terminated by either party upon 30 days written notice. It may be extended by mutual consent to cover premiums and/or loan repayments on additional certificates.

**INDEMNIFICATION TO THE BANK NAMED ABOVE:**

In consideration of honoring Pre-Authorized Checks drawn against depositors of your bank for payment to CSA Fraternal Life, we agree that no liability or responsibility shall attach to your bank as a result of honoring or dishonoring such checks. We further agree to hold you harmless from and reimburse you for any loss resulting as a consequence of your actions taken pursuant to your agreement to honor such checks. We shall defend any action brought against you by any of your depositors or any other person because of your compliance with this Pre-Authorized Check plan.

Executive Secretary

Name (s) of Depositor (s), as shown on bank account: \_\_\_\_\_

Signature (s): X \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_