



PO Box 11609, Winston-Salem, NC 27116-1108 Phone: (833) 658-2841 †Fax: (303) 220-8056

Bank Authorization Form Authority to Honor Premium Checks

Insured Name: _____ Insurance Policy Number: _____

Check one:

Checking Savings*

Check one:

Monthly Quarterly Semi Annual Annual

Choose a draft date: _____ (1st-28th)

***For a savings account, please ask your financial institution to verify that the ACH will be accepted and that the information below is correct. This verification is necessary, as not all financial institutions will acknowledge an ACH debit to a savings account.**

Name of Bank Customer: _____

Name of Second Bank Customer (If Applicable): _____

Branch/Bank Name: _____

Account Number: _____ Routing Number _____

You are hereby authorized, as a convenience to me, to honor and charge my account for checks, drafts and other orders, including without limitation any order initiated by electronic means, drawn by, on my account by and payable to the order of Colorado Bankers Life Insurance Company for the payment of premiums provided there are sufficient collected funds in such account to pay the same upon presentation. I agree that your rights with respect to each check or other order drawn by Colorado Bankers Life Insurance Company shall be the same as if it were a check drawn on you and signed personally by me. This authority 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 or other orders drawn by Colorado Bankers Life Insurance Company. I further agree that if any such checks or other orders drawn by Colorado Bankers Life Insurance Company be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

Attach voided check, then sign and date this authorization below.

Signature of Depositor _____ Date _____

TO: The Bank named in the above area:

In consideration of your compliance with the authorization of your depositor to pay checks, drafts or orders, drawn and presented by us to our order, we agree:

1. To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft or order, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment of such insurance premiums including any costs or expenses reasonably incurred in connection therewith.
2. In the event that any such check, draft or order shall be dishonored, whether with or without cause, and whether intentionally or inadvertently, to indemnify you for such loss even though dishonor results in forfeiture of the insurance.
3. To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to said authorization and direction or in any manner arising by reason of your participation in this plan of premium collection.

†Colorado Bankers Life Insurance Company (CBLife) is not responsible for undelivered mail. To protect your personal information, CBLife recommends certified mail or some other service such as FedEx or UPS. **Do not** send the form by unsecured email. You can transmit the form via facsimile; however, CBLife shall not be responsible for any unintended disclosure or breach of such facsimile transmission. If you choose to send it by fax, and accept responsibility for any unintended disclosure or breach of such facsimile transmission, the fax number is: (303) 220-8056