

**AUTHORIZATION - ELECTRONIC FUNDS TRANSFER (EFT)**

<b>IN FAVOR OF:</b> ManhattanLife Assurance Company of America	
<b>Administrative Office:</b> [P.O. Box 925568, Houston, TX 77292-5568]	
<b>Name of Bank Customer:</b> _____	<b>Requested Draft Date:</b>
<b>Insured's Name:</b> _____	<b>(Must be 1<sup>st</sup>-28<sup>th</sup> only)</b>
<b>Account Number:</b> _____	
<b>Routing Number:</b> _____	
<input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>	

**To (Name of Bank):** \_\_\_\_\_

**Address of Bank:** \_\_\_\_\_

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 ManhattanLife Assurance Company of America (Company), on my account by and payable to the order of the 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 in respect to each such check or other order drawn by the 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 the Company. I further agree that if any such checks or other orders drawn by the Company be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor may result in forfeiture of insurance subject to the policy's grace period.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature of Depositor**

**I am aware that if my application is approved, my initial premium will be drafted upon approval.**

**To: The Bank above**

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

- 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.
- 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 may result in forfeiture of the insurance.
- 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.

**AUTHORITY TO HONOR PREMIUM CHECKS**