## PRE-AUTHORIZED WITHDRAWAL AGREEMENT

FOR DRAFTING OF PREMIUM PAYMENTS

I request and authorize Protective Life Insurance Company to draw against the account listed below to pay premiums on the following policies:

Policy Number	Name of Insured	Name of Policy Owner											
Name of Bank:   _													
Street Address or P.O. Box:	_												
IIIII	_	_											
City:   _ _ _													
State:    Z	/ip Code:   _ _	—											
Type of Account:  Checking  Savings													
Routing Number:   _		_											
Account Number:   _	_	_											
PLEASE ATTACH A VOIDED CHECK. DO NOT USE STAPLES.													
BANK NAME ADDRESS CITY, STATE ZIP	ck illustrates outing and												
C12345678: 0123456789012	Account numbers	S.											
Bank Routing Bank Account Number Number	Check Number												
Premium Frequency (Please che	eck one.): 🛛 Monthly 🔲 Quart	erly 🛛 Semi-Annually 🔲 Annually											
I would like the date of the wi date(s) or 1 <sup>st</sup> – 28 <sup>th</sup> for month	thdrawal to occur on the ly payments).	(Please indicate the											
		derstand that by selecting this box that a amount that is due may be more than											

										Premium Payor – Depositor (Please Print)														
Please complete	you	r na	me	and	ema	il ad	dres	s if	you	wou	ld li	ke ı	us to	ser	nd yo	ou di	aft o	:onf	irm	ati	ons.			
Your Name:	<b> </b>	_	_ _			_		_			_				_		_	_			_			
Email Address:	<b> </b>	_	_			_	_	_		_	_ _	_ _	[			_	_	_ _			_			
SVC-117-PL	Pre-Authorized Withdrawal Agreement													06/2023										