

Officer #:
Secretary:



MOUNTAIN LIFE INSURANCE COMPANY
P.O. Box 240 Alcoa, TN 37701-0240
AUTOMATIC PREMIUM PLAN

Policy # (HOME OFFICE USE ONLY)

**AUTHORIZATION AND REQUEST TO HONOR ELECTRONIC DEBIT ENTRIES
INITIATED BY MOUNTAIN LIFE INSURANCE COMPANY**

For my benefit and convenience, I hereby authorize and request MOUNTAIN LIFE INSURANCE COMPANY (Company) to initiate entries to my account listed below in the form of electronic debit entries. I further request and authorize the financial institution (Depository) named below to honor and accept said debit entries and charge them to my account to pay insurance premiums, payments on policy loans, or deposits to my Premium Deposit Fund.

I agree that debiting my account shall constitute valid notice of said premiums being due and payable and that such charges by the financial institution (Depository) shall constitute my receipt for payment. If there are insufficient funds in my account, or if Depository fails to honor charges initiated by Company, then I understand and agree to pay Company the amount due within the time required by each policy. Failure to make such payment shall result in that policy becoming null and void, except as otherwise provided by the policy. This authorization shall not modify any of the policy provisions and shall be effective upon acceptance by Company at its Home Office. The Company shall have the right to discontinue this payment option upon thirty (30) days advance written notice, or at its option, may revoke such option immediately if any debit is not honored when initiated.

If any entry is different from the last entry initiated by Company, I understand that I will receive written notice (at my last known address as it appears in the Company's records) at least ten (10) days before Company initiates such entry. I understand that I may stop payment of any entry before it is paid, or revoke this Authorization by notifying the Depository or Company in writing, if I allow them a reasonable opportunity to act on said notice.

This authorization shall also extend to credit entries by Company. After my account has been charged, I understand that I have the right to have any erroneous entry re-credited to my account provided that I send written notice of such error within fifteen (15) days after issuance of my statement, or forty-five (45) days after the posting of the entry.

I hereby certify that I am authorized to sign on the below referenced account and to withdraw funds from this specified account.

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

Name of Financial Institution: _____

(and branch, if any): _____

Address (Street, City, State, Zip): _____

Account Number: _____ Transit/ABA Number: _____

TYPE: CHECKING SAVINGS CREDIT UNION
(attach a voided check)

Send original to MOUNTAIN LIFE INSURANCE COMPANY
Retain copy for bank
Retain copy for customer

To: The Financial Institution referenced on the authorization and request to honor electronic debit entries. So that you may comply with your depositor's request, this Company agrees:

1. To indemnify you and hold you harmless from any loss that 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, including any costs or expenses reasonably incurred in connection therewith.
2. That 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 any loss, even though dishonor results in the forfeiture of the insurance.
3. To defend at your own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing request, or in any manner arising by reason of your participation in the foregoing plan of premium collection.
4. That the participation of the bank in the plan or that of the depositor may be terminated by written notice from either of them to the other. Likewise, the participation of the bank and that of our Company may be terminated by thirty (30) days written notice from either party to the other.
5. That it will refund to you any amount erroneously paid by you to Mountain Life Insurance Company or any such check if claim for the amount of such erroneous payment is made by you within twelve (12) months from the date of the check on which such erroneous payment is made.

MOUNTAIN LIFE INSURANCE COMPANY