

Steve Elrod & Associates Inc.

Request for Bank Draft Premiums

To Life Insurance Company of Alabama

SECTION 1

**AUTHORIZATION TO HONOR CHECKS DRAWN BY AND PAYABLE
TO THE LIFE INSURANCE COMPANY OF ALABAMA, GADSDEN, ALABAMA**

To _____ Bank

Branch Name, if any _____

Bank Address _____

As a convenience to me, I hereby request and authorize you to pay and charge to my bank checking account checks drawn by and payable to the order of the Life Insurance Company of Alabama, Gadsden, Alabama provided there are sufficient collected funds in said account to pay the same upon presentation. It will not be necessary for any officer or employee of The Life Insurance Company of Alabama to sign such checks. I agree that your rights in respect to each such check 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. I further agree that if any such check 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 the forfeiture of insurance.

_____ X _____

Date
Bank Account
Bank Signature of Depositor

SECTION 2

To: The Bank named above.

The Life Insurance Company of Alabama agrees:

- (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, 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 any loss even though dishonor results in a 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 the foregoing requests, or in any manner arising by reason of your participation in the foregoing plan of premium collection.

THE LIFE INSURANCE COMPANY OF ALABAMA, Gadsden, Alabama

Clarence W. Daugherty
President

Authorized in resolution adopted by the Executive Board of
The Life Insurance Company of Alabama on April 29, 1974

Print Full Name: _____

Last
MI
First

Requested Draft Start: ____/____/____ **DOB:** ____/____/____

MO. DAY YR.
MO. DAY YR.

INSTRUCTIONS:
 Complete all information required on section one. This form and a voided check on the account you wish your premiums to be drawn should be sent to the following address:

Steve Elrod & Associates Inc.
P.O. Box 787
Bainbridge, GA 39818
1-800-562-0703 • 229-246-1685