

BANK DRAFT AUTHORIZATION

National Income Life Insurance Company is authorized to initiate debit entries to the account indicated below, and the bank named below is authorized to debit the same to such account. This authority can be terminated by the undersigned at any time by written notification to the Company, provided only that the Company and the bank will have a reasonable opportunity to act on such notification.

Bank Name _____

Address _____

Transit/ABA No. _____ Account No. _____

Type of Account: Checking Savings

PLEASE ATTACH A VOIDED PERSONAL CHECK

X _____
Signature of Payor Date Year

Name of Insured _____

Policy Number(s) of Existing Policies _____

Requested Draw Date, If Any _____

AG-2032 (R100) NY

