



**AUTHORITY TO HONOR CHECKS DRAWN BY AND PAYABLE
TO: LINCOLN HERITAGE LIFE INSURANCE COMPANY**

Policy Number(s): _____

Bank Phone Number () _____

To:

Name of Bank

Checking ____

Address of Bank

Savings ____

I hereby authorize you to pay and charge to my account drafts drawn by and payable to the Company named above. I fully understand that your responsibility does not extend beyond the honoring of such drafts, and that you are not liable for lapse of insurance caused by non-payment of premium. This authority is to remain in effect until revoked by me in writing.

PAYOR'S SIGNATURE: _____ **DATE:** _____

Payor's Name: _____

Routing Number: _____ **Account Number:** _____

Requested Due Date: _____ **day of each month. (1st-28th)**

Draft past due or current premiums? Yes, please draft **ASAP or on** ___/___/___
(date for draft)

INDEMNIFICATION AGREEMENT

To: The Bank named above.

"In consideration of your compliance with the authorization of the depositor named above, we agree to indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from execution of any check, draft, or order, whether or not genuine, purporting to be drawn by the Company named below to its own order and received by you in the regular course of business, and 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."

Upon receipt of a check for a payment, Lincoln Heritage reserves the right to convert your check into an electronic payment. Funds may be debited from your account on the same day the payment is received. Your original check will not be returned to you.

LINCOLN HERITAGE LIFE INSURANCE COMPANY

Authorized by a resolution adopted by the Board of Directors of the Company.

Dean A. Locking
Secretary