



INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT

P.O. Box 30685 Edmond, OK 73003 ♦ 1-800-821-5434

AUTHORIZATION TO HONOR CHECKS

Drawn and Made Payable to: Individual Assurance Company, Life, Health & Accident, Edmond, Oklahoma

As a convenience to me, I hereby authorize you to pay and charge by account checks drawn on my account and payable to the order of Individual Assurance Company, Life, Health & Accident, Edmond, Oklahoma; provided there are sufficient collected funds in my account to pay such checks upon presentation. 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.

Bank: _____

Bank Address: _____

Date Signature of Premium Payor (sign as you sign checks) Bank Account Number

INDEMNIFICATION AGREEMENT

To the Bank addressed above:

In consideration of your honoring preauthorized checks drawn against depositors of the Bank for payment of insurance premiums to Individual Assurance Company, Life, Health & Accident, Edmond, Oklahoma, we agree that no liability of responsibility for policy lapses or otherwise shall attach to the Bank as a result of honoring such checks and we further agree to hold you harmless from and reimburse you for any loss resulting as a consequence of your actions taken pursuant to your agreement to honor such checks. We shall defend any action brought against you by any of your depositors or any other person because of your compliance with this Preauthorized Check Plan of collecting premiums.

This indemnity agreement was authorized in a resolution adopted by the Board of Directors of Individual Assurance Company, Life, Health & Accident on March 15, 1982.


James L. Harlin, President

AUTHORITY TO DRAW CHECKS FOR INSURANCE PREMIUMS

Policy Number	Mode	Premium	Name of Policy Owner		
			First	Middle	Last
	<input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Monthly				

Date 1st Check: _____ Bank ABA Number: _____

I have given permission to _____ (Bank)

in _____ to honor checks drawn by you on my account to pay insurance premiums as indicated above. It is understood that your sending of a preauthorized check to the bank as a premium becomes due shall constitute valid notice of such premium due on this Policy. When the Bank honors the preauthorized check by charging it to my account, such check shall constitute my receipt for the premium paid. Should any preauthorize check not be honored by the Bank when received by them, then it is understood that the premium is to be paid to you in the amount and within the time stipulated in the Policy for payment and in default thereof, the Policy is to become null and void except as otherwise provided therein.

Checks To Be Drawn On The Account Of: _____
Depositor's Name (please print)

Date Signature (sign as you sign checks) Bank Account Number

Please complete an Authorization for each policy.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

(A deposit slip does not always contain the correct and/or complete information.)