

**AUTHORITY TO HONOR INITIAL DEPOSIT FOR ISSUE OF LIFE/ANNUITY APPLICATION/
PREMIUM/LOAN PAYMENT IN FAVOR OF CATHOLIC LIFE INSURANCE, SAN ANTONIO, TEXAS**

I hereby request and authorize the Catholic Life Insurance, San Antonio, Texas, to draw initial deposit for issue of life/annuity application/premium/loan payments on my account at:

Name of Institution	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings Please include copy of voided check
Institution Address	
Transit Routing Number	Account Number
<input type="checkbox"/> Initial Deposit/Single Payment for Issue of: <input type="checkbox"/> Life <input type="checkbox"/> Annuity Amount \$ _____ (Payment will be debited immediately.)	
Payment <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual Mode <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	Draft Date NOTE: Upon issue, future payments will be drawn on the draft _____/_____/_____ date in the first month following effective date of certificate.

I hereby request that as a convenience to me, you honor initial deposit for issue of life/annuity application/premium/loan payment drawn on my account by and payable to Catholic Life Insurance, San Antonio, Texas, and draft each such payment to my account upon presentation thereof on or about the premium/loan due date. And I agree that your rights in respect of each such payment shall be the same as if it were drawn on you and signed personally by me. Your authority to draft such payments to my account shall cease upon my delivery to you of written notice of revocation of this authority. And until you actually receive such notice, I agree that you shall be fully protected in honoring any such payment.

I further agree that if any such orders 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.

Date

Signature of DEPOSITOR, exactly as it appears on the account at the above named Institution.

Certificate Number	Combined Certificate Premium/Loan Repayment Name of Insured	Payment Amount Home Office Use Only
		\$
	Total Amount of Premium/Loan Repayment	\$

TO: THE INSTITUTION NAMED

So that you may comply with your depositor's request this Company 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 payment, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment of such premiums, including any costs or expenses reasonably incurred in connection therewith.
2. In the event that any such check, draft or payment, 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 or your participation in the foregoing plan of premium collection.

Authorized in a resolution adopted by the Board of Directors,
Catholic Life Insurance, on December 11, 2015.


 Vice President/Corporate Secretary