

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

(Please read this form carefully and write clearly)

AGENT NAME

AGENT #

_ Please select from the actions listed below:

- Please deduct **\$408.00 Annual Premium** for Errors and Omissions Insurance.
- Please deduct **\$34.00 Monthly Premium** for Errors and Omissions insurance.
- Please deduct **\$22.50 Monthly Fee** for e-Relationship Subscription (*Automatically renews annually*).

BANK NAME		<input type="checkbox"/> CHECKING
<input type="text"/>		<input type="checkbox"/> SAVINGS
TRANS / ABA	ACCOUNT NUMBER	AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

BANK NAME		<input type="checkbox"/> CHECKING
<input type="text"/>		<input type="checkbox"/> SAVINGS
TRANS / ABA	ACCOUNT NUMBER	AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE RETURN THIS FORM TO THE SALES DEPARTMENT, ALONG WITH A VOIDED CHECK FROM YOUR CHECKING ACCOUNT OR A DEPOSIT FORM FROM YOUR SAVINGS ACCOUNT. YOUR ACCOUNT(S) WILL BE PRE-NOTED.

Please read and acknowledge the following statements by initialing beside each statement that applies:

- I authorize Catholic Life Insurance and the bank(s) listed above to deposit my net or portion thereof as indicated above into my account(s) each pay period.
- I authorize Catholic Life Insurance and the bank(s) listed above to deduct \$408.00 annual premium or \$34.00 monthly of the 5th of every month.
- I authorize Catholic Life Insurance and the bank(s) listed above to deduct \$22.50 per month for e-Relationship Subscription from the date of activation through February each year, which automatically renews annually.
- If funds to which I am not entitled are deposited into my account(s), I authorize Catholic Life Insurance to direct the bank(s) to return said funds.
- I understand that my deposit may not be credited to my account until 5:00 PM (CST) on the pay period indicated on the check voucher.

This contract shall terminate, should the death of the Agent occur, in which event all commissions and bonuses due and payable under or in connection with this contract shall become payable to the following party:

NAME OF PARTY / ESTATE OF AGENT

SOCIAL SECURITY NUMBER

CONTACT NUMBER

AGENT SIGNATURE

DATE

CATHOLIC LIFE INSURANCE

Rev. 01/2024