

RELAX!

Let us do the work.

USable Life offers you a choice to pay your premiums automatically.

*No more checks. No more postage.
No more worries.*

USable LifeSM



SIGNING UP IS EASY!

1. On the authorization form, print your name exactly as it appears on your bank statement.
2. Print your phone number, policy number, bank name and city.
3. Sign and date the form. Be sure the signature matches your bank records.
4. Return the authorization form and a voided blank check with this month's premium payment. Please be sure to write "VOID" on your blank check.

18M-MP-0194

USable Life automatically deducts your insurance premium from your checking account.

Authorization Agreement for USable Life Automatic Payment Plan

Name _____ Phone Number _____

Policy Number _____

Bank Name _____ City _____

I (we) hereby authorize USable Life to initiate charge entries to my (our) account in the financial institution name above and authorize the financial institution to honor these entries and debit my (our) account. I (we) also understand that I (we) may cancel this authorization by notifying USable Life in writing in time to afford them and the bank a reasonable opportunity to act on it.

Signature _____ Date _____

*Please complete this authorization form and **return it with a voided blank check** and your premium payment to:*

USable Life, P.O. Box 1650, Little Rock, Arkansas 72203-1650