

Protective Life Insurance Company
Life and Health Insurance Administration
P.O. Box 12687
Birmingham, AL 35202-6687



PRE-AUTHORIZED WITHDRAWAL AGREEMENT

FOR DRAFTING OF MONTHLY PREMIUM PAYMENTS

The person paying the premium on the insurance policies listed below must sign this agreement.

I request and authorize Protective Life Insurance Company to draw against the account listed below to pay premiums on the following policies:

Policy Number	Name of Insured	Name of Policyowner

Name of Bank: _____

Street Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Type of Account: Checking Savings Account Number: _____

Routing Number: _____

I request that the withdrawal be made on the _____ day of the month.
1st - 28th

Premium Payor - Depositor (Please Print)

Date

Signature of Premium Payor – Depositor

**PLEASE ATTACH A VOIDED CHECK
DO NOT USE STAPLES**