

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496
cinfin.com ■ 513-870-2000

Fax: 513-870-2095

## PRE-AUTHORIZED WITHDRAWAL AGREEMENT FOR DRAFTING OF PREMIUM PAYMENTS

I request and authorize The Cincinnati Life Insurance Company to withdraw against the account listed below to pay premiums on the following policies:

Policy Number (if known)	•	Name of Insured		
Name of Bank:				
Street Address or P.O. Box:				
City:		State:	Zip Co	de:
Type of Account:	☐ Checking* ☐ S	Savings	Routing Number:	
	*Please include voided	check.	-	
	Do not use staples.		Account Number:	
Payment Mode: If you would prefer your premiums withdrawn other than monthly, please check appropriate box:				
☐ Quarterly (e	every three months)	☐ Semi-Annua	al (every six months)	☐ Annual (once a year)
First Premium: Please draft the first premium from my account. ( <b>Premium for the Conditional Receipt cannot be drafted. Payment must be made by check.)</b> $\square$ Yes $\square$ No				
date is desired be additional policy. For ex 2. Only premium 3. The payment of Company with 4. This authorizanotice. 5. If any withdray	I for future premiums, pleas premium requirements if your isting policies, premium for the policy numbers list of the premiums in this ma 30 days' notice, or without tion is revocable by the unival is dishonored, the premiums	ase indicate a day ou choose a draft of must be withdrafted above will be canner may be discout notice if any withodersigned upon remium for which the	of the month between 1 adate after the policy date awn on or before paymendeducted from the account ontinued at any time by The drawal is not paid upon paceipt by The Cincinnati Lewithdrawal is made shall	t number provided. ne Cincinnati Life Insurance resentation. ife Insurance Company of written
	Duamium Dave	Damasitan (class		
	Premium Payer	<ul> <li>Depositor (pleas</li> </ul>	se print)	
	Signature of Pro	emium Payer – De	epositor	 Date