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PRE-AUTHORIZED WITHDRAWAL AGREEMENT FOR DRAFTING OF PREMIUM PAYMENTS

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

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 Code: _____

Type of Account: Checking Savings

Routing Number: _____ Account Number: _____

Please draft the first premium from my account.

1. Funds will be withdrawn monthly on the policy/contract date unless otherwise requested.

If a different withdrawal date is desired, please indicate date: _____
Month Day

If you would prefer your premiums withdrawn other than monthly, please check appropriate box:

Quarterly (every three months) Semi-Annual (every six months) Annual (once a year)

- Only premium for the policy numbers listed above will be deducted from the account number provided.
- The payment of the premiums in this manner may be discontinued at any time by The Cincinnati Life Insurance Company with 30 days' notice, or without notice if any withdrawal is not paid upon presentation.
- This authorization is revocable by the undersigned upon receipt by The Cincinnati Life Insurance Company of written notice.
- If any withdrawal is dishonored, the premium for which the withdrawal is made shall be considered unpaid.

Premium Payer – Depositor (please print)

Date: Month Day Year

Signature of Premium Payer – Depositor

**IF TYPE OF ACCOUNT IS CHECKING
PLEASE INCLUDE A VOIDED CHECK WITH
AUTHORIZATION. DO NOT USE STAPLES.**