



3434 Washington Blvd. Ste 100 • Ogden, Utah 84401 • 1-800-621-5688

Policy Number

Authorization Agreement for Preauthorized Automatic Bank Withdrawals

Your Financial Institution's Name (DEPOSITORY) _____

Your Financial Institution's City and State _____

Your Transit (ABA) No. _____ (The first nine numbers on the bottom of the check)

Your Account No. _____, Checking Account _____ **or** Savings Account _____

I hereby authorize **Great Western Insurance Company** (COMPANY) to initiate debit entries and, if necessary, credit entries on the above named financial institution and account.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Authorized Signature: _____

Authorized Name (please print) _____

Date _____ Withdrawal Date _____

PLEASE ATTACH A VOIDED CHECK