

AUTHORIZATION TO HONOR PRE-AUTHORIZED PAYMENTS DRAWN AND PAYABLE TO: North Carolina Mutual Life Insurance Company (NCM)

Policy/Account Number(s): _____

As a convenience to me, I authorize you to initiate withdrawals from my checking account; or, to make charges against the Credit Card or Debit Card account at the Financial Institution listed below. These withdrawals or charges are to be applied as premium payments, policy loan repayments, or as otherwise instructed. I request that withdrawals or charges be made under my authority for each month a premium is due.

I agree that:

NCM shall incur no liability by reason of the dishonor of any such debit entries or charges. This authorization shall not become effective unless and until the insurance policies are approved by NCM and shall relate only the issue date of said insurance policy(ies). This authorization shall continue in effect unless and until terminated by NCM or me by fifteen (15) days written notice to the other party. The NCM may terminate the plan immediately if any withdrawals or charges are not paid when presented for payment. This authorization in no way modifies any terms of the policy(ies). I recognize that the premiums are due and authorize any required notice of premium due be waived. This authorization is applicable to the following:

I authorize charges for: Initial Payment Only (Credit Card & Debit Card Only) Recurring Payments

Requested Withdrawal Day: 03 05 10 17 20 25 28

Withdraw from/Charge to: Checking Account Credit Card Debit Card
Note: For checking account withdrawals, PLEASE ATTACHED A VOIDED CHECK

Is this a Credit Union? Yes No

_____ VISA Master Card Discover
 CARDHOLDER'S NAME AS APPEARS ON ACCOUNT

BILLING STREET ADDRESS	CITY	STATE	ZIP CODE
CREDIT CARD OR DEBIT CARD NUMBER	CVD CODE	EXP DATE: (MM/YY)	

 NAME OF FINANCIAL INSTITUTION

BANK ADDRESS	CITY	STATE	ZIP CODE
ROUTING #	ACCOUNT #		

 SIGNATURE OF DEPOSITOR/CARDHOLDER AS APPEARS ON ACCOUNT

 DATE

Please mail your completed form to:
 North Carolina Mutual Life Insurance Company
 Attn: Payment Processing
 PO Box 201
 Durham, NC 27702-0201

**AUTHORIZATION TO HONOR PRE-AUTHORIZED PAYMENTS
DRAWN AND PAYABLE TO:
North Carolina Mutual Life Insurance Company (NCM)**

INDEMNIFICATION AGREEMENT

To the Financial Institution Named Above:

In consideration of your compliance with this request and authorization of the depositor named above, **NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY, 411 West Chapel Hill Street, Durham, North Carolina, 27701 AGREES THAT:**

It indemnifies you and holds you harmless of any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any debit whether or not genuine, purporting to be executed and received by you, in the regular course of business, for the purpose of payment including any costs of expenses reasonably incurred in connection therewith.

It will refund to the bank any amount erroneously paid by the bank on any such debit if claim for the amount of such erroneous payment is made within the time periods as outlined in the most current NCM Operating Rules.

In the event that any such debit is dishonored, whether with or without cause and whether intentionally or inadvertently, it will indemnify you for any loss even though dishonor results in a forfeiture of the insurance.

It will defend at its costs and expense any action which might be brought by an depositor, or any other persons, because of your actions taken which might be brought by any depositor, or any other persons, because of your actions taken pursuant to or in any manner arising by reason of your participation in the foregoing plan of premium collection.



Secretary

**ATTACH VOIDED CHECK HERE
*If applicable***

Please mail your completed form to:
North Carolina Mutual Life Insurance Company
Attn: Payment Processing
PO Box 201
Durham, NC 27702-0201