



POLICY LOAN REPAYMENTS

AUTHORIZATION TO HONOR PRE-AUTHORIZED POLICY LOAN REPAYMENTS

DRAWN AND PAYABLE TO: North Carolina Mutual Life Insurance Company (NCM)

Bill Account Number: _____

As a convenience to me, I authorize you to initiate withdrawals from my checking account; at the Financial Institution listed below. These withdrawals 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. 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: <input type="checkbox"/> Recurring Payments :		<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual
Requested Withdrawal Day: <input type="checkbox"/> 03 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 28		Loan Repayment Amount \$ _____			
Withdraw from/Charge to: <input type="checkbox"/> Checking Account		PLEASE ATTACH A VOIDED CHECK			

NAME OF FINANCIAL INSTITUTION

(____) _____
Payor's Phone

FINANCIAL INSTITUTION 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/Bank Draft Enrollment
PO Box 281709
Nashville, TN 37228

