

## Save Time, Trouble and Postage

Pre-authorized bank draft is an easy way to pay insurance premiums. Payments are on time and for the correct amount.

You can enroll or make changes to your bank draft over the phone, online, or using this form.

1. To enroll over the phone call **1-800-331-2512**.
2. To enroll online, use our eService Center at [eServiceCenter.UnitedAmerican.com](http://eServiceCenter.UnitedAmerican.com).
3. To start or update your bank draft using this form, please complete this form and return **both pages** via fax or mail:

**Mail:**

ATTN: Policy Services Department  
Globe Life  
PO Box 8080  
McKinney, TX 75070

**Fax:**

214-250-5702  
(Your agent may fax this form for you if you prefer)

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Policy Holder Name (please print)

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Payor Name if different (please print)

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Policy Number

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Phone Number

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Policyholder's Medicare Beneficiary Identifier (MBI)

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Payor Signature

Please indicate which company has underwritten your policy (the "Company")

- ☐ United American Insurance Company  
☐ Globe Life Insurance Company of New York  
☐ Globe Life And Accident Insurance Company

As a convenience to me the payor as noted above, I hereby request and authorize, by my signature above, the Company to initiate debit entries to my bank account, as recorded herein, for insurance premiums and/or non-insurance product fees, as applicable, and the bank named herein to debit the same to such account. I agree that the Company's rights and treatment of such debits shall be the same as if they were checks personally signed by me. I further agree that if any such debits are dishonored, whether with or without cause and whether intentionally or inadvertently, the Company shall be under no liability whatsoever, even if such dishonor results in the forfeiture of insurance. This authorization will remain in effect until revoked by me in writing to the Company, provided that the Company and the bank shall have a reasonable opportunity to act on such notification. All premiums and/or fees may be automatically withdrawn from my account on **MONTHLY** mode, unless a different mode has been selected on the application(s).

**NOTE – Business accounts are permitted only in relation to sole proprietorships, in which case a voided check and a completed Sole Proprietor form (SP 9-01) are required.**

United American Insurance Company | Globe Life Insurance Company of New York | Globe Life And Accident Insurance Company

Policy Number \_\_\_\_\_

**Requested Bank Draft Day (dd)**    
 (Bank draft date cannot be the 29th, 30th or 31st.)

## Payor's Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Bank ABA Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_

**Account information fields above must be complete if voided check is not attached.**  
 See the example check below for the location of the Bank Routing Number and Account Number.

Paula C. Holder		0001
123 Main St.		Date _____
Hometown, TX 75432		
Pay to the		
Order of _____	\$ _____	
		Dollars
Hometown Bank	<b>VOID</b>	
FDIC		
Memo _____		
123456789	1234567890	0001

Helpful Information for Social Security Recipients		
Social Security Benefits Paid On	Birth Date On	Draft Date
2nd Wednesday	1st – 10th	14th
3rd Wednesday	11th – 20th	21st
4th Wednesday	21st – 30th	28th

Bank ABA Routing Number      Account Number      Check Number