



Great Western Insurance Company
P.O. Box 14410
Des Moines, IA 50306-3410
www.gwic.com

Policy/Certificate Number: _____

Bank Draft Authorization

Authorization to Bank or Other Financial Institution

Checking Savings

Accountholder's Name (As it appears on the account. Please print.)

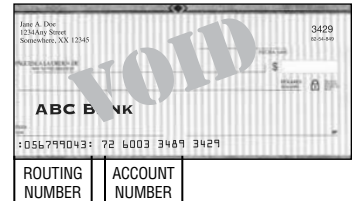
First Name M.I. Last Name

Billing address City State ZIP code

Bank or Financial Institution Name (including branch, if any) Routing Number

Bank or Financial Institution's Address Account Number

Please read: By providing my account information here and signing the application for insurance coverage, I authorize the bank whose name and address I am providing to pay and to charge to my account the amount of any check, instrument, or any other funds made by and payable to Great Western Insurance Company (the "Company") for insurance premiums. I authorize the Company to contact my bank or financial institution on my behalf for the sole purpose of obtaining information necessary to administer my preauthorized withdrawals in conjunction with my insurance coverage. This authorization is to remain in effect until revoked by me in writing. Until you receive and have reasonable time to act on such notices, you shall be fully protected in accepting any preauthorized withdrawal against my account.



Please submit a voided check with the Authorization.

Signature: _____