



# AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

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

\_\_\_\_\_  
Name of Proposed Insured

\_\_\_\_\_  
Monthly Withdrawal/debit date (not the 29<sup>th</sup>, 30<sup>th</sup>, or 31<sup>st</sup>)

\_\_\_\_\_  
Amount to be withdrawn/debited

\_\_\_\_\_  
Bank Phone Number

\_\_\_\_\_  
Name(s) of Depositor(s) (print exactly as shown on depository records)

\_\_\_\_\_  
Name of Bank/Depository\*

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Account Number to be debited

\_\_\_\_\_  
Routing (ABA) Number

\* If Depository is a Credit Union, please provide a letter from the credit union indicating the correct transit routing and ACH numbers.

As a convenience to me, I (we) hereby authorize Lincoln National Life Insurance Company, hereinafter called COMPANY, to initiate debit entries, electronically, by paper means, or by any other commercially accepted method, to my (our) account indicated above and the DEPOSITORY indicated above, hereinafter called DEPOSITORY, to debit the same to such account. **I (we) have attached a voided personal check or savings deposit slip which contains account and routing information.**

This authorization is limited to payments to Lincoln National Life Insurance Company hereafter becoming due on the policy number indicated above and is subject to the following conditions:

1. This Plan shall not be construed as a modification of any of the provisions of the policy, if any, except: the COMPANY shall not be required to give notice of premiums becoming due while this authorization is in effect; and the debit entries (as defined above) shall be drawn on my account by the COMPANY on or about the premium due dates. ***If the scheduled draft day should fall on a weekend or holiday, the draft will occur on the last business day prior to that day.***
2. This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.
3. If any such debit entries (as defined above) are dishonored by the DEPOSITORY and payments to Lincoln National Life Insurance Company are not made within the time stipulated in the policy, said policy shall become null and void except as otherwise provided therein.
4. If this Plan is submitted with an application for insurance, coverage will not be effective until the full initial premium is paid, the policy is delivered during the lifetime of the insured, and the state of health of the proposed insured or any other factor affecting insurability is the same as set forth in the application.

### TO THE FINANCIAL INSTITUTION NAMED ABOVE:

I request and authorize the DEPOSITORY to pay and charge to my account checks, drafts, or other paper orders ("DEBITS") drawn on my account by, and payable to the COMPANY, provided there are sufficient collected funds in said account to pay the same upon presentation. This authority is to remain in effect until revoked by me in writing and, until you actually receive such notice, I agree that you shall be fully protected in honoring all such DEBITS.

I agree that your treatment of each such DEBIT, and your rights with respect to it, shall be the same as if it were signed personally by me. I further agree that if any such DEBIT be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even through such dishonor results in the forfeiture of insurance.

The COMPANY agrees:

1. To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing requests, or in any manner arising by reason of your participation in the foregoing plan of premium collection.
2. It will refund to you any amount erroneously paid by you on any such request for withdrawal if claim for the amount of such erroneous payment is made by you within twelve months from the date of the request for withdrawal.

\_\_\_\_\_  
Signature(s) of Bank Depositor(s), as shown on Depository Records for the account to which this Authorization is applicable.

\_\_\_\_\_  
Date