

**Please Check One**



Liberty Bankers Life Insurance Company

The Capitol Life Insurance Company

**Policyholder's Automatic Deposit**

**Contract/Certificate/Policy Number**

on the life of \_\_\_\_\_

I hereby request that until I notify the Company otherwise, each installment payment of the above Contract/Certificate commencing with the next payment due shall be paid by Electronic Fund Transfer (EFT) to

\_\_\_\_\_  
Name and Address of Financial Institution

for credit to my (please choose one)     Checking     Savings

**Account Number** \_\_\_\_\_

I shall deem receipt by said Financial Institution of such credit entries as receipt by me. This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act.

\_\_\_\_\_  
Payee

\_\_\_\_\_  
Date

**Important- Please attach a voided check or deposit slip.**

**To Be Executed by Financial Institution**

In consideration of the payment by the Company of Contract/Certificate installments in accordance with the foregoing request, we hereby agree to accept credit entries for deposit to the credit of said Payee, during the lifetime of said Payee, and we hereby agree to return to the Company the amount of any or all Contract/Certificate installments paid to us for credit to the account of said Payee after we have received notice of the death of said Payee.

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Signature of Officer/Title

\_\_\_\_\_  
Date