

Please Check One



Liberty Bankers Life Insurance Company

The Capitol Life Insurance Company

Policyholder's Automatic Deposit

P.O. Box 5147 • Springfield, Illinois 62705-5147 • 800-745-4927 • 866-505-9377 Fax

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.