

American Century Life Insurance Company
8596 E. 101st Street Suite F
Tulsa, OK 74133
Office: (918) 712-7770 or (888) 712-7770 Fax: (918) 712-7773

Bank Draft Authorization

I hereby authorize American Century Life Insurance Company, to initiate debit entries to my (our) checking or savings account to be drafted each month.

Name on Policy _____

Policy Number _____

Date of Draft: 5th ___ 20th ___

Amount to be drafted: _____

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

Type of Account: Checking ___ Savings _____

This authority is to remain in full force and effect until American Century Life have received written notification from me of its termination in such time and in such manner as to afford American Century Life and Bank a reasonable opportunity to act on it. I have the right to stop payment of a debit entry by notification to Bank as such time as to afford Bank a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account, by depository, provided I send written notice of such debit entry in error to bank within 15 days following issuance of the account statement or 45 days after posting whichever occurs first.

Signed: _____ **Date:** _____

American Century Life Insurance Company
4785 E. 91st Street, Suite 200
Tulsa, OK 74137
Office: (918) 712-7770 or (888) 712-7770 Fax: (918) 712-7773

Credit Card Authorization

I (We) hereby authorize American Century Life Insurance Company hereinafter, to initiate debit entries to my (our) credit card account to be drafted each month.

Name on Policy _____

Policy Number _____

Date of Draft: 5th___ 20th___

Amount to be drafted: _____

Name on Card: _____

Card Number: / / / _____

Expiration Date: ___/___ **Digit Security:** ____

Billing Address: _____

Type of Account: Visa_ M/C_ Discover_

This authority is to remain in full force and effect until American Century Life has received written notification from me of its termination in such time and in such manner as to afford American Century Life a reasonable opportunity to act on it prior to charging account. After account has been charged, I Have the right to have the amount of an erroneous debit immediately credited to my account, provided I send written notice of such debit error.

Signed: _____ **Date:** _____