

Professional Insurance Company

In California, PIC Life Insurance Company

Mailing Address: PO Box 80637, Lincoln NE 60837 • 800-289-1122

Authorization Agreement for Automatic Credits (ACH Credit)

ACCOUNT NAME: _____

Tax ID/Social Security Number: _____

I (we) hereby authorize: **Professional Insurance Company (In California, PIC Life Insurance Company)**, herein after called **COMPANY**, to initiate credit entries adjustments to my (our),

checking savings (select one)

account indicated above, and the financial institution named below, credit the same to such account.

FINANCIAL INSTITUTION: _____

BRANCH: _____

CITY: _____

STATE: _____ ZIP: _____

TRANSIT/ABA NO: _____
(9 positions)

ACCOUNT NO: _____

This authority is to remain in force and effect until **COMPANY** has received written notification from me (or either party) of its termination in such time and in such manner as to afford **COMPANY** and the financial institution named above a reasonable opportunity to act on it.

DATE: _____

SIGNATURE: _____

SIGNATURE: _____

*Two signatures are required for accounts in joint names.