



American Century Life Insurance Company
8596 E 101 Street Suite F
Tulsa, OK 74133
Office 918-712-7770
Fax: 918-712-7773

Bank Draft Authorization

****Please attach a voided check****

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

Name on Policy	_____
Policy Number	_____
Date of Draft: Month	_____ 5th _____ 20 th _____
Amount to be drafted:	_____
I authorize withdrawal	_____ 1Time _____ Monthly _____ Qtrly _____ Yearly
Bank Name:	_____
How Account is Titled:	_____
Bank Routing Number:	_____
Account Number:	_____
Type of Account:	Checking _____ Savings _____

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 and Bank a reasonable opportunity to act on it. 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: _____

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Credit Card/Debit Card Authorization

I (We) hereby authorize American Century Life Insurance Company hereinafter, to initiate debit entries to my (our) credit card/Debit Card account to be drafted as designated.

Name on Policy _____

Policy Number _____

Date of Draft: Month _____ 5th _____ 20th _____

Amount to be drafted: _____

I authorize charge _____ 1Time _____ Monthly _____ Qtrly _____ Yearly

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code _____

Billing Address: _____

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 and the Bank a reasonable opportunity to act on it. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account, by depositary, provided I send written notice of such debit entry in error within 15 days.

Signed: _____ **Date:** _____