

American Century Life Insurance Company  
4785 E. 91<sup>st</sup> Street, Suite 200  
Tulsa, OK 74137

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:** \_\_\_\_\_

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## 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:** \_\_\_\_ / \_\_\_\_ **3 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:** \_\_\_\_\_