



**American Century Life Insurance Company of Texas**

1333 W. McDermott Dr. #200

Allen, TX 75013

Phone (855) 966-1111

Fax (855) 855-0181

## Bank Draft and Credit/Debit Card Authorization Form

This form gives American Century Life authorization to electronically draft your account to pay your premiums.

Name of Policy Owner: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

**Bank Draft Information:**

Bank Name: \_\_\_\_\_ Account Type:      Checking      Savings

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Credit/Debit Card Information:**

Name on Card: \_\_\_\_\_

Type of Card:      Visa      Mastercard      Other: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

I (we) hereby authorize American Century Life Insurance Company of Texas (hereinafter called the Company), to initiate debit entries to my (our) checking or savings account to be drafted each month. This authority is to remain in full force and effect until the Company and the Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and the Bank a reasonable opportunity to act on it. I (or either of us) has the right to stop payment of a debit entry by notification to the Bank as such time as to afford the Bank a reasonable opportunity to act on it prior to charging the account. After the 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 (we) send written notice of such debit entry in error to the Bank within 15 days following issuance of the account statement or 45 days after posting whichever occurs first.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_