

**DRAFT AUTHORIZATION FORM  
AUTHORIZATION TO HONOR CHECKS DRAWN BY  
DIRECTORS LIFE ASSURANCE COMPANY**

To \_\_\_\_\_ Bank  
(Name of Bank)

Address \_\_\_\_\_  
(Address of Bank)

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks drawn on my account by and payable to the order of Directors Life Assurance Company, Oklahoma City, OK, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in this respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such check.

I further agree that if any such check be dishonored, whether with or without cause and whether intentionally, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

\_\_\_\_\_  
Date Your Signature EXACTLY as it appears on Bank Records

Print Name as it Appears on Bank Records \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Insured Name \_\_\_\_\_

Policy Owner Name \_\_\_\_\_

**SPECIAL REQUESTS:**

*Please attach a VOIDED CHECK to the form*

**DIRECTORS LIFE ASSURANCE COMPANY**  
P.O. Box 20428  
Oklahoma City, OK 73156

405-842-1234  
800-256-8003  
405-842-4998 fax