



PACIFIC GUARDIAN LIFE

Please return for processing to:
INDIVIDUAL LIFE ADMINISTRATION
1440 Kapiolani Boulevard, Suite 1700 • Honolulu, HI 96814-3698
(800) 432-3306 • Email: clientrelations@pacificguardian.com

BANK DRAFT AUTHORIZATION FORM

Pacific Guardian Life can help take some of the hassle out of paying your insurance premiums with our **Monthly Bank Draft** method of payment. Payments can be deducted from your checking/savings account every month. The deduction will appear on your checking/savings account statement.

Please fill in the information below, sign and return this form with a voided check from your checking/savings account. If you have any questions, please contact our Client Relations Department at 1-800-432-3306 or you can email your inquiries to clientrelations@pacificguardian.com.

Policy Number	Print Name of Insured	Premium Payment Amount	Loan Repayment Amount	Starting Date	Home Office Use Only

Add To Existing Account Change Bank Draft Payment Account Number or Bank Change New Account

If bank account holder is different from policyowner indicate **relationship** _____

The undersigned has authorized Pacific Guardian Life Insurance, Company, Limited of Honolulu, Hawaii to pay premiums on the numbered policy/policies, as indicated above, as they become due and to charge such amounts to my account. If, at any time, I do not have on deposit in said bank available funds sufficient to pay such checks, the arrangement shall be automatically discontinued and, in that event, the insured or premium payer shall be required to pay premiums in a manner provided in the policy by paying a pro rata premium, if necessary, to the next premium due date.

IMPORTANT: PLEASE ATTACH A VOIDED PERSONALIZED CHECK—Check one: Checking Savings

Authorization to honor checks drawn by Pacific Guardian Life Insurance Company, Limited, Honolulu, Hawaii

As a convenience to me, I hereby request and authorize you to pay and charge my account checks drawn on my account by and payable to the order of PACIFIC GUARDIAN LIFE INSURANCE COMPANY, LIMITED, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in 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 or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance. The undersigned requests the bank named below to honor debit entries, either by electronic or paper means, to the bank account number below and payable to Pacific Guardian Life.

Bank Routing Number & Account Number: _____

Name of Bank Depositor: _____

Bank Address: _____

City: _____ **State:** _____ **Zip:** _____

Print Name (Account Holder)

Print Name (Account Holder)

x _____ **Date** _____ **x** _____ **Date** _____

*Signature or Signatures must be the same as on signature card at bank and if a company account, the name of the account must be shown.