Americo Financial Life and Annuity Insurance Company

P.O. Box 139091, Dallas, TX 75313-9091 Fax: (877) 219-1344

Authorization Agreement for Automatic Deposits (ACH Credits)

I, (We) hereby authorize <u>AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY</u> , (the "Company") to make deposits, and to initiate, if necessary, adjustments involving errors to the deposits, but only to the extent of the errors, in the account indicated below. The undersigned also authorizes the depository named below, (the "Depository") to accept such deposits and make any requested adjustments to such account as instructed by the Company. It is agreed that these deposits may be made electronically and under the Rules of the Mid-America Automated Clearing House Association.	
Select One: ☐ Checking ☐ Savings	
Name	Bank Name (Is this a change in Bank information? ☐ Yes ☐ No)
Address (Is this a new address? ☐ Yes ☐ No)	Bank Address
City State Zip	City State Zip
Telephone Number (include area code)	Bank Routing Number
Agent Code Number(s)	Bank Account Number
This authorization is to remain in full force and effect until the Company 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 Depository reasonable opportunity to process.	
Date	Signature of Depositor (must be the same as on file at the Bank)
	Signature - if joint account
	Writing Agent's Social Security Number
Voided Check* Must Accompany Form *If you bank with a Credit Union, please contact them and ask them to provide you with the correct nine digit Routing Transit Number.	
Please <u>tape</u> a voided check here.	