

CNO Services, LLC
P.O. Box 2022
Carmel, IN 46082-2022
Customer Service: 1-800-525-7662 Fax: 1-800-757-6324

Washington National Life Company
Wilcac Life Insurance Company
Conseco Life Insurance Company of Texas
Jefferson National Life Insurance Company

Automatic Monthly Bank Draft Authorization for Premium Payments

Authorization (Required)

By signing this form, I (bank account owner) understand and accept these terms and conditions:

- I authorize CNO Services, LLC (the Company) to make electronic transfers from my account.
- The company will withdraw the scheduled premium payments from my account on or within 72 hours of the draft day.
- If a premium is not paid in full or in a timely manner for any reason, the Company shall not incur any liability for forfeiture of insurance, if any.
- If the first attempt at payment is returned for non-sufficient funds, the Company will try to withdraw payment with a second attempt. The Company will not be responsible for any non-sufficient bank fees.
- If I wish to cancel this authorization, I will provide 10 business days advanced notice to the Company by calling the number above. Before notice is received, and for a reasonable time after receipt of notice, the Company may honor any debit to my account without incurring any liability.
- I agree that the amount to be drafted and date of drafting may be changed under this authorization orally or in writing.



Bank Account Owner Signature (Required)

Date (Required)

Policy and Account Information (If more than three policies, please attach additional forms)

Policy Number (Required)	Policy Owner Name (Required) PLEASE PRINT	Amount <i>Optional (Universal Life and Annuities Only)</i>

Arrears Payments – (This section is for active policies that are two or more payments behind) If your policy has lapsed please refer to your policy for reinstatement provisions.

Please indicate how outstanding premiums will be paid:

- ☐ I have submitted a check for \$ _____
- ☐ I authorize payments against the account above for all outstanding premiums due. Please indicate timing below:
- ☐ Immediately ☐ ____/____/____ Requested Date (Must be prior to lapse date)

Bank Account Information (Required)

Bank Account Owner's Name	
Bank Account Owner's Address	
Name of Bank or Credit Union	
Routing Number	Account Number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Draft Day (1st – 28th Only) If no date is selected, the issue day will be defaulted.	

2400		
____ 19 ____ 91-548/1221		
PAY TO THE ORDER OF _____ \$ <input type="text"/>		
____ DOLLARS		
FOR _____		
12 22 05 27 81	6724301068	2400
Routing Number	Account Number	Check Number

A voided check is not required, but is encouraged to ensure accuracy.

Routing Number: Must be 9 digits, starts with 0,1,2 or 3. Routing numbers appear between the ⑆ symbols on your check.

Account number: Can be up to 17 digits. NOT a debit/credit card number. The account number will appear next to the ⑆ symbol.

THIS PAGE INTENTIONALLY BLANK