



**Final Expense**  
**Americo Financial Life and Annuity Insurance Company**  
**Home Office: Dallas, Texas • Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288**  
**Request for Pre-Authorized Check (PAC)**

As a convenience to me, I hereby request and authorize the banking institution below (the "Bank") to pay and charge to my account drafts on my account by and payable to the order of the company who issued or assumed the policy listed below (the "Company") administering my insurance policy provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that the Bank's rights in respect to such draft shall be the same as if it were a check drawn on the bank and signed personally by me. This authority is to remain in effect until revoked by me in writing and until the Bank actually receives such notice. I agree that the Bank shall be fully protected in honoring any such draft. I further agree that if any such draft be dishonored, whether with or without cause and whether intentionally or inadvertently, the Bank shall be under no liability whatsoever. Should any draft not be honored by the Bank upon presentation, I understand that this method of payment may be terminated.

I understand also that my insurance policy may lapse if said draft is returned unpaid by my Bank or if I discontinue payments prior to receiving confirmation of draft processing from the Company.

Checking  
(attach voided check)

Savings  
(attach deposit slip)

**FOR NEW BUSINESS APPLICATIONS - Unless otherwise requested, premium will be drafted from your account immediately upon underwriting approval.**

\_\_\_\_\_  
Signature (as it appears on bank records)

\_\_\_\_\_  
Date

Please tape a voided check (for checking account) or  
deposit slip (for savings account) here.

**Acknowledgement of Payment**

This acknowledges payment from \_\_\_\_\_ in the sum of \$ \_\_\_\_\_ in connection with the Life Insurance Contract applied for from Americo Financial Life and Annuity Insurance Company. If all of the following terms are met in full, insurance under the terms of the policy applied for will become effective from the date of the application: (1) All representations made in the application must be true and complete in all material respects and (2) the amount shown above must be equal to at least the first full modal premium for insurance. If all the terms are not met in full, the Company's only liability will be to refund the amount for which this Acknowledgment of Payment was given.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Proposed Insured

\_\_\_\_\_  
Applicant (If Other Than Proposed Insured)