

ASSURED LIFE
ASSOCIATION

6025 S QUEBEC ST, STE 320
CENTENNIAL, CO 80111

PHONE 303.792.9777
TOLL-FREE 800.777.9777

WWW.ASSUREDLIFE.ORG

Dear Member,

Direct Deposit lets you receive your payment in a more convenient way.

If you wish to have your withdrawal automatically deposited to your bank account, please complete the enclosed authorization for Direct Deposit and return it in the envelope provided.

Thank you for your continued membership with Assured Life Association. If you have any questions, please call our Membership Services Department at 1-800-777-9777 or email us at assuredservice@assuredlife.org.

Sincerely,

Membership Services

Enc.

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**AUTHORIZATION AGREEMENT FOR AUTOMATED
DEPOSITS (CREDITS)**

AGREEMENT:

I (we), _____ hereby authorize Assured Life Association to initiate credit entries to the account indicated below with the depository named below (hereinafter referred to as "BANK"). The authority to initiate entries shall include the authority to initiate debit entries and adjustments to any credit entries, for the purpose of correcting any error in the initiation or processing of credit entries pursuant to this authority. The authority herein granted shall remain in full force and affect until Assured Life Association has received written notice from one of the undersigned of termination. The termination of authority shall take effect within such time as the BANK has a reasonable opportunity to act pursuant to the termination.

I hereby authorize the Company named above to initiate credits to my _____ Checking or _____ Savings account with the Financial Institution indicated below:

Bank Name: _____

Address: _____

City State Zip: _____

Account Routing Number _____ Account Number _____

Account Owner's Name(s): _____

Signature of Account Holder(s): _____

Date _____

PLEASE ENCLOSE A VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP

Certificate Number: _____