



Madison National Life

AUTOMATIC PAYMENT REQUEST

Date: _____

With an automatic bank draft to pay your insurance premium, there are no bills, no checks, and no bother!

If you wish to change your method of payment for future bills, simply follow the directions below:

- 1.) Enclose a voided check from the account to be drafted.
- 2.) Indicate the day of the month to draft this account.
- 3.) Complete the signature line below for changing future payment method.

AUTHORIZATION TO HONOR TRANSFERS OF FUNDS DIRECTED BY MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

I (we) authorize Madison National Life Insurance Company, Inc, to deduct premiums from my (our) account. This authorization is to remain in effect until Madison National Life Insurance Company, Inc. and/or my bank have received written notification from me (or either of us) of its termination and have been given a reasonable time to act on it.

I (we) further agree that, if any such transfer of funds be rejected or dishonored, Madison National Life Insurance Company, Inc shall be under no liability even if non-payment results in loss of insurance coverage.

Policy Number(s)					
Account Type: Checking or Savings (Circle One)					
By choosing the bank draft option, you are approving the Authorization to Honor Transfers of Funds directed by Madison National Life Insurance Company, Inc. above.					
PLEASE ATTACH VOIDED CHECK					
Indicate Bank Draft Day:	1 st	6 th	15 th	23 rd	28 th
Signature			Date		