

**Philadelphia American Life Insurance Company**  
**Pre-Authorized Check (PAC) Bankdraft**

1. Name of the Insured
2. Depositor's Name (If different from above)
3. Bank Name
4. Bank Address
5. Account Number
6. Date and Sign
7. Please Attach a Voided Check

**Please mail to**

Philadelphia American Life Insurance Company  
PO Box 4884  
Houston, TX 77210

or you may mail to

WGA Benefit Consultants  
2916 Via Esperanza  
Edmond, OK 73013

Fax 405-513-8501

Any questions, please call 800-851-8090.



**PHILADELPHIA  
AMERICAN**  
LIFE INSURANCE COMPANY<sup>®</sup>

**PRE-AUTHORIZED CHECK (PAC)  
PAYMENT PLAN REQUEST**

(BANK DRAFT)

I request and authorize Philadelphia American Life Insurance Company ("Company") to draw checks on my account at the bank named below.

**IT IS AGREED THAT:**

1. Checks will be drawn for premiums and/or loan repayments as directed by me.
2. The cancelled check shall constitute a receipt for payment, but no payment or portion thereof shall be deemed paid unless the Company receives actual payment at its Home Office.
3. This agreement shall in no way alter or amend the provisions of the insurance contract except that the Company shall not be required to give notice of premiums due as long as this agreement is in effect.
4. The Company shall not incur any liability by reason of dishonor of any check.
5. This agreement can be terminated by either party upon 30 days written notice.

**Please print all of the information below.**

AUTHORIZATION TO HONOR CHECKS DRAWN BY

Philadelphia American Life Insurance Company

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks drawn on my account by and payable to the order of Philadelphia American Life Insurance Company, provided there are sufficient collected funds in my account to pay such checks upon presentation. I agree that your rights in respect to each check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check.

I further agree that if any such check is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall have no liability whatsoever even though such dishonor results in the forfeiture of insurance.

**Please print information about bank account to be charged.**

Name of the Insured \_\_\_\_\_

Depositor's Name (if different from above) \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Account Number \_\_\_\_\_ X \_\_\_\_\_  
(Signature)

Date \_\_\_\_\_ X \_\_\_\_\_  
(Second signature for joint account)

Signature(s) must be the same as on signature card at bank. For a company account, the name of the account must be shown.

**ATTACH A VOIDED CHECK HERE**