

BANK DRAFT AUTHORITY

STATEMENT TO BE SIGNED BY PERSON GIVING ORDER Surety Life and Casualty Insurance Company, Fargo, ND

Gentlemen:

I have given authority to Bank, Transit No.....

Address....., to honor drafts (premium-payment orders) drawn on my account by you in payment of premiums on the policies described herein as they come due or within 31 days thereafter.

Description: -

Name of Insured.....Policy Number.....

Such drafts (premium-payment orders) are to be charged to my account with said bank upon presentation. It is understood that such drafts shall constitute notice of premium due and, upon being charged to me by the bank, shall be my receipt for payment of the designated premiums. Should any draft (premium-payment order) not be honored by said bank upon presentation, then it is understood that such premium is to be paid to you within the time stipulated in the policy for payment, and in default there of the policy shall become null and void except as otherwise provided therein.

Date Draft to be Drawn

X _____
Signature

Bank Account No. _____