

# **Professional Insurance Company**

*In California, PIC Life Insurance Company*

*Mailing Address: P.O. Box 80637, Lincoln, NE 68501-0637 1-800-289-1122*

## **AUTHORIZATION TO HONOR CHECKS DRAWN BY PROFESSIONAL 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 Professional Insurance Company, Lincoln Nebraska, provided there are sufficient collected funds in said account to pay the same 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 be under no liability whatsoever, even though such dishonor results in the forfeiture of insurance.

### **A VOIDED CHECK MUST BE INCLUDED TO PROCESS YOUR REQUEST**

#### **Policies Covered by the Authorization**

Policy Number	Premium Amt.	Draft Date	Name of Insured

If a Draft Date is not selected, the Company will use the drafting date occurring on or prior to the policy issue date.

I hereby authorize you to charge the account indicated **below** to pay the amount due on any insurance policy indicated for which I am obligated to pay premium.

Financial Institution \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Type of Account (circle one) Checking \_\_\_\_\_ Savings \_\_\_\_\_ Account Number \_\_\_\_\_

Printed Name \_\_\_\_\_ Payor \_\_\_\_\_

Sign Exactly as it appears on records of Financial Institution.

#### **Instructions for Usage and Authorization**

To: The Bank Named Above.

So that you may comply with your depositor's request, this Company agrees:

- 1 To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft, or order, whether or not genuine, purporting to be executed by this company and received by you in the regular course of business for the purpose of payment (under this plan) including any costs or expenses reasonably incurred in connection therewith.
- 2 In the event that any such check, draft, or order shall be dishonored whether with or without cause, and whether intentionally or inadvertently to indemnify you for any loss even though dishonor results in a forfeiture of insurance or other right.
- 3 To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing request, or in any manner arising by reason of your participation in the foregoing plan of payment collection.
- 4 Authorized in a resolution adopted by the Board of Directors of:  
PROFESSIONAL INSURANCE COMPANY