



P.O. Box 1756 • Des Moines, IA 50306-1756 • 800-477-3633

**REQUEST FOR PREAUTHORIZED COLLECTION PLAN** — I/We hereby authorize Homesteaders Life Company of Des Moines, Iowa to initiate credit or debit entries to my/our account indicated below. The entries will be in the form of checks, drafts, or orders of electronic fund transfers for the purpose of paying insurance premiums or other authorized amounts.

Name as shown on account \_\_\_\_\_ Requested draw date — 1st thru 28th  
in the \_\_\_\_\_ of \_\_\_\_\_  
Name of Financial Institution Location

Account Number \_\_\_\_\_  Checking  
to be drafted \_\_\_\_\_  Savings

Routing Number \_\_\_\_\_

Apply to the following:  
NAME(S) POLICY NUMBER(S)  
\_\_\_\_\_  
\_\_\_\_\_

**SUBJECT TO THESE CONDITIONS:**

1. The debits shall be drawn on or about the due date or requested draw date for the amount due.
2. The paid entries on your bank statement will constitute receipt of payments.
3. The privilege of making payments under this plan may be revoked by the Company if any debit is not paid upon presentation.
4. The Company does not send billing notices for amounts due under the Preauthorized Collection plan.
5. The payment of premiums or other amounts due may be discontinued by the Company or the payor upon thirty (30) days written notice.

X \_\_\_\_\_  
Signature of Payor

\_\_\_\_\_ Date \_\_\_\_\_ Phone Number of Payor \_\_\_\_\_

**PLEASE ATTACH VOIDED CHECK**

**California Residents Only:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.