FIDELITYLIFE
Established 1896

Fidelity Life Association
Administrative Office:
17 Church Street
PO Box 506
Keene, NH 03431
Tel: (877) 352-3303

AUTHORIZATION FOR DEDUCTIONS FROM MY BANK ACCOUNT:

Complete and sign this section only if you selected pre-authorized deductions from your bank account.

I hereby authorize Vision Financial Corporation on behalf of Fidelity Life Association to initiate insurance premium payments from my bank account. My financial institution is authorized to honor these monthly drafts as if each were signed by me. I agree that my bank shall be fully protected in honoring such payments. This authorization shall remain in effect until revoked by me. I understand that to cancel insurance coverage, I must contact the Insurance Carriers directly.

In order to stop payment I must notify my bank in writing at least three (3) business days prior to the scheduled payment date.

I agree that if any such draft be dishonored whether with or without cause, my bank shall be under no liability whatsoever even though such dishonor may result in the forfeiture of insurance.

NAME OF BANK: _____

☐ **Checking Account** ☐ **Savings Account**

BANK ACCOUNT NUMBER: __ __ __ __ __ __ __ __ __ --- __ __ __ __ __ __ __
Routing number **Account number**

Monthly Draft Date:

☐ **1st of the month** ☐ **15th of the month**

_____
Name (Please Print)

_____ _____
Signature of Depositor **Signature Date**