Americo Financial Life and Annuity Insurance Company

Home Office: Dallas, Texas • Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288
Fax: (800) 395-9238 Email: submit@americo.com

Authorization Agreement for Automatic Deposits (ACH Credits)

I hereby authorize AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY, (the "Company") to make deposits, and to initiate, if necessary, adjustments involving errors to the deposits, but only to the extent of the errors, in the account indicated below. The undersigned also authorizes the depository named below, (the "Depository") to accept such deposits and make any requested adjustments to such account as instructed by the Company.

This form is not acceptable unless it is filled out in its entirety

Agent Name	Agent Code(s)
Name as Appears on Bank Account *(Only if different than Agent Name)*	Account Owner Name *(Only if different than Agent Name)*
Social Security Number	Telephone Number (include area code)
Address	City State ZIP
Bank Name	Account Type: (Checking or Savings)
Bank Routing Number (Full 9 Digits)	Bank Account Number

This authorization is to remain in full force and effect until the Company has received written notification from me, of its termination in such time and in such manner as to afford the Company and the Depository reasonable opportunity to process.

Date

Agent's Signature

Account Owner's Signature (If different than agent)

See example check below on where to locate Routing and Account Numbers.