

- OXFORD LIFE INS. CO.  NORTH AMERICAN INS. CO.  
 CHRISTIAN FIDELITY LIFE INS. CO.

2721 N. Central Avenue • Phoenix, AZ 85004 • (866) 641-9999

**PRE-AUTHORIZED CHECK (PAC)**

Please complete this if you selected PAC as your billing method.

Name of Bank: \_\_\_\_\_ Draft Date: \_\_\_\_\_

Bank Transit No: \_\_\_\_\_ Account No.: \_\_\_\_\_

Type of Account:  Checking  Savings

**Please attach an unsigned, voided check.**

I authorize the Company to obtain payment of amounts becoming due the Company by initiating charges to my account in the form of checks, share drafts or electronic debit entries, and I request and authorize the Bank named above to accept and honor the same to my account. I understand that if I choose a draft date other than the monthly anniversary of my initial premium, each subsequent premium payment will be drafted prior to the date of each monthly anniversary.

Account Owner/Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACCOUNT OWNER'S INFORMATION**

Owner's Address (If other than Proposed Insured) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Owners Signature \_\_\_\_\_

Policy Number \_\_\_\_\_

Copy of Voided Check