



# REQUEST FOR PRE-AUTHORIZED CHECK (PAC)

P.O. Box 219272  
Kansas City, MO 64121-9272  
800-821-6164, ext. 8060  
[www.kclife.com](http://www.kclife.com)

Policy number	Insured	Owner (if other than Insured)	Home phone
			Work phone

## It is agreed that:

- (1) The PAC does not change any policy provision, is not in lieu of payment in cash of the first premium, and does not constitute advance payment required by the temporary insurance agreement.
- (2) Upon 30 days notice, this PAC may be stopped or changed at any time by the owner of any policy under this PAC, the Company, or Payor.
- (3) Withdrawals will be made on or after the premium draft date shown below.
- (4) No premium notices or receipts will be sent. Debit entries or checks, when paid, will constitute receipts for premiums.
- (5) The privilege of paying premiums under this PAC may be revoked by the Company if any checks or debit entry is not paid upon presentation.
- (6) Premium Rate – The total monthly premium on all policies covered must be at least \$10. For non-universal life policies, the monthly rate is .085 times the annual premium plus 30 cents (any fraction is an additional cent).

I hereby request that Kansas City Life Insurance Company (herein called "Company") draw checks or Debit Entries for the payment of said premiums on my account with the:

Name of Bank	Street address/P.O. Box	City, State ZIP
Payor's name	Bank Transit Number	Payor's Account Number
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

You may choose your frequency of payment: ☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly

DRAW THE PAC CHECK OR DEBIT ENTRY ON OR AFTER THE \* \_\_\_\_\_ DAY OF THE MONTH

I anticipate the first Deduction in \_\_\_\_\_ BILL CTL NUMBER \_\_\_\_\_  
Month Year Home Office or Agency use only

*\*Available draft days are the 1st through the 28th*

## IMPORTANT: PLEASE ATTACH A VOIDED CHECK – NO DEPOSIT SLIPS, PLEASE

Existing Insureds with policies to be included in PAC For **Premium Payment**

INSURED'S NAME	POLICY NUMBER
_____	_____
_____	_____
_____	_____

Existing Insureds with policies to be included in PAC For **Loan Repayment**

INSURED'S NAME	POLICY NUMBER	REPAYMENT AMOUNT
_____	_____	_____
_____	_____	_____

## AGREEMENT FOR AUTOMATIC BILL PAYMENTS (DEBITS) AND AUTHORIZATION TO HONOR

CHECKS DRAWN BY Kansas City Life Insurance Company

P.O. Box 219272, Kansas City, MO 64121-9272

I hereby request and authorize you to pay and charge to my (our) account, debit entries or checks drawn by and payable to the order of Kansas City Life Insurance Company, provided there are sufficient collected funds present to pay same upon presentation. This authorization will remain in effect until revoked by me. Until you receive such notice, I agree that you will be fully protected in honoring any such debit. I agree that your rights in respect to each such check and/or debit entry will be the same as if it were signed personally by me. I further agree that if any debit entry or check be dishonored, you will be under no liability whatsoever, even if such dishonor results in forfeiture of insurance.

DATE \_\_\_\_\_ SIGNATURE OF PREMIUM/LOAN REPAYMENT PAYOR X \_\_\_\_\_  
PRINT NAME OF PAYOR X \_\_\_\_\_

THIS FORM MUST BE RETURNED TO THE CUSTOMER SERVICES DEPARTMENT OF THE HOME OFFICE

Remarks: