THE CINCINNATI LIFE INSURANCE COMPANY

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496
cinfin.com ■ 513-870-2000
Fax: 513-870-2095

PRE-AUTHORIZED WITHDRAWAL AGREEMENT
FOR DRAFTING OF PREMIUM PAYMENTS

I request and authorize The Cincinnati Life Insurance Company to withdraw against the account listed below to pay premiums on the following policies:

Policy Number (if known)	Name of Insured

Name of Bank: _____

Street Address or P.O. Box: _____

_____

_____

City: _____ State: _____ Zip Code: _____

Type of Account: ☐ Checking* ☐ Savings **Routing Number** _____

***Please include voided check.**
Do not use staples. **Account Number:** _____

Payment Mode: If you would prefer your premiums withdrawn other than monthly, please check appropriate box:

☐ Quarterly (every three months) ☐ Semi-Annual (every six months) ☐ Annual (once a year)

First Premium: Please draft the first premium from my account. **(Premium for the Conditional Receipt cannot be drafted. Payment must be made by check.)** ☐ Yes ☐ No

1. Funds will be withdrawn monthly on the policy/contract date unless otherwise requested. If a different withdrawal date is desired for future premiums, please indicate a day of the month between 1 and 28: _____ There may be additional premium requirements if you choose a draft date after the policy date or elect to have a backdated policy. **For existing policies, premium must be withdrawn on or before payment due date.**
2. Only premium for the policy numbers listed above will be deducted from the account number provided.
3. The payment of the premiums in this manner may be discontinued at any time by The Cincinnati Life Insurance Company with 30 days' notice, or without notice if any withdrawal is not paid upon presentation.
4. This authorization is revocable by the undersigned upon receipt by The Cincinnati Life Insurance Company of written notice.
5. If any withdrawal is dishonored, the premium for which the withdrawal is made shall be considered unpaid.

This agreement must be signed by the person paying the premium on the above listed life insurance policies.

_____
Premium Payer – Depositor (please print)

_____ _____
Signature of Premium Payer – Depositor Date

Form CLI-6261 (2/20)