**Home Office:**

PC. Box 71335

Des Moines, IA 50325 Phone 888-221-1234

Fax 515-457-1839

Iife.american-equily.com

**Pell** City **Office:**

PC. Box 527

PeLLCity, AL 351 25-052 7

Phone 877-508-9888

Fax 205-884-7928

**AUTHORIZATION AGREEMENT**

*For Pre-Authorized Payments* ***(Debits)***

*Voided Check Required*

# I (We) hereby authorize American Equity Investment Life Insurance Company, hereinafter called The Company, to initiate **debit entries,** electronically, by paper means or by any other commercially accepted method, to My (Our) checking/saving account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same such account. I (We) also authorize The Company to credit this same account in order to correct any amount debited in error.

**IMPORTANT: ATTACH VOIDED PERSONAL CHECK**

And a check for one month’s premium made out to American Equity Life Insurance Company

|  |  |
| --- | --- |
| FINANCIAL INSTITUTION | BRANCH |
| CITY | STATE | ZIP |
| TRANSIT/ABA NUMBER | ACCOUNT NUMBER |
| AMOUNT | DATE OF DEBIT |

# This authorization is to remain in full force until The Company and Financial Institution have each received written notification from me (or either of us) of its termination in such time and in such manner as to afford The Company and Financial Institution a reasonable opportunity to act on it.

I (We) have attached a voided personal check which contains account and routing information.

|  |  |
| --- | --- |
| NAME | NAME |
| POLICY NUMBER(S) | PHONE NUMBER | DATE |
| AUTHORIZED SIGNATUREX | AUTHORIZED SIGNATUREX |

Form 4067-G 04.03.14