

**Authorization To Honor Checks Drawn by Illinois Mutual Life Insurance Company
for Premiums Due on Insurance Policies**

(Attach VOID check and pay 1 full monthly premium.) I hereby authorize and direct the financial institution named below, hereafter referred to as "you," to honor and charge to my account checks or pre-authorized electronic debits drawn on my account by and payable to Illinois Mutual Life Insurance Company. Should any of the above items be dishonored, either with or without cause and whether intentionally or inadvertently, you will be under no liability whatsoever, even though such dishonor will result in the forfeiture of insurance. I agree that your rights in respect to each of the above items shall be the same as if it were a check drawn on you and signed personally by me and that you shall be fully protected in honoring any of the above items.

This authorization shall continue in force until revoked by me in writing and received by you, a copy of which revocation shall be sent by me to Illinois Mutual Life Insurance Company.

Financial Institution Name					Policy Numbers	
Address					Street	
City		State		Zip		
<input type="checkbox"/> Checking		<input type="checkbox"/> Savings		Account Title, if applicable		
Account Number		Draft premium on day _____ of each month. (Only days 1 thru 28 are valid due to February)				
Financial Institution		Today's Date		Your Signature		
Routing No.						

Form 2534-D (5/09)

ATTACH VOID CHECK
Return to: 300 SW Adams St., Peoria, IL 61634