



# CLC

## Life Insurance

700 Taylor Road, Suite 280 · Gahanna, OH 43230-3320  
Telephone: 800-845-0494 · Fax: 614-944-4748 · [www.TheCLC.org](http://www.TheCLC.org)

### AUTHORIZATION TO HONOR CHECK, DRAFTS AND OTHER ORDERS DRAWN BY CATHOLIC LADIES OF COLUMBIA

To: \_\_\_\_\_ Bank Branch: \_\_\_\_\_

Branch Address: \_\_\_\_\_

As a convenience to me, I hereby request and authorize you to pay and charge to my account (described below) check, drafts and other orders drawn on or against my account by and payable to Catholic Ladies of Columbia – Gahanna, Ohio, provided, there are sufficient funds collected in my account to pay the same upon presentation. I understand that the term “order” or “orders” as used in this agreement shall include, without limitation, any order for the electronic transfer of funds. I agree that your rights in respect to each such check, draft or order shall be the same as if it were a check drawn on my account with you and signed personally by me. This authority shall remain in effect until revoked by me in the manner provided by law. Until you actually receive such notice, I agree that you shall be fully protected in honoring any such check, draft or order.

Print Name(s) As Listed On Bank Account: \_\_\_\_\_

Account Number: \_\_\_\_\_  
(Routing Number) (Account Number)

\_\_\_\_\_  
Signature of Bank Depositor

Date: \_\_\_\_\_  
2<sup>nd</sup> Party signature, If Joint Account

#### **THIS AUTHORIZATION MUST BE ACCOMPANIED BY A PERSONAL CHECK MARKED “VOID”**

Please withdraw \$ \_\_\_\_\_ From my checking account listed above on the ( 1<sup>st</sup> ) ( 15<sup>th</sup> ) ( 20<sup>th</sup> ) of each month.  
(circle one)

Withdrawals will begin during the month of \_\_\_\_\_, 20\_\_\_\_

Apply these funds to Life Insurance Certificate # \_\_\_\_\_

Make additional deposits to my Annuity # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
CLC Representative

\_\_\_\_\_  
No.