



PRE-AUTHORIZED CHECK (PAC)
PAYMENT PLAN REQUEST
(BANK DRAFT)

Bank Name | Name On The Bank Account
Employer Name and Address if Combined Billing

AUTHORIZATION TO MY BANK

As a convenience to me, I hereby request and authorize you to pay and charge to my account, checks or electronic debits drawn on my account by and payable to the order of Philadelphia American Life Insurance Company, provided there are sufficient collected funds in said account to pay the same upon presentation.

Signature

Date

ROUTING NUMBER (dashed box)

ACCOUNT NUMBER (dashed box)

SAMPLE CHECK

Sample check form with fields for Date, Pay to the order of, Amount, For, Routing number, Account number, and Check number.