



P.O. Box 71216  
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# AUTHORIZATION AGREEMENT

*For Pre-Authorized Payments (Debits)*

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.

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

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.

## IMPORTANT: ATTACH VOIDED PERSONAL CHECK

NAME(S)	POLICY CONTRACT NUMBER(S)	DATE
AUTHORIZED SIGNATURE X	AUTHORIZED SIGNATURE X	