

KEMPER LIFE

12115 Lackland Road • Suite 100 • St. Louis, MO 63146-4003

ELECTRONIC FUND TRANSFER AUTHORIZATION

with such payment to be drawn and charged on the _____ of each month.
(1st - 28th allowed)

I agree that:

- _____ is rejected or returned for any reason.
- If an electronic fund transfer is rejected, the premium to which the electronic fund transfer is applied shall be the amount of the premium for the month in which the electronic fund transfer is rejected.

Address of Depositor: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ District: _____ Agency: _____