



USAA Life Insurance Company  
 USAA Life Insurance Company of New York,  
 Service Center  
 9800 Fredericksburg Road  
 San Antonio, Texas 78288

# AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM

Name of Insured

USAA Number

Contract Number

Your approval will allow USAA Life to automatically withdraw your payment from your bank account each month.

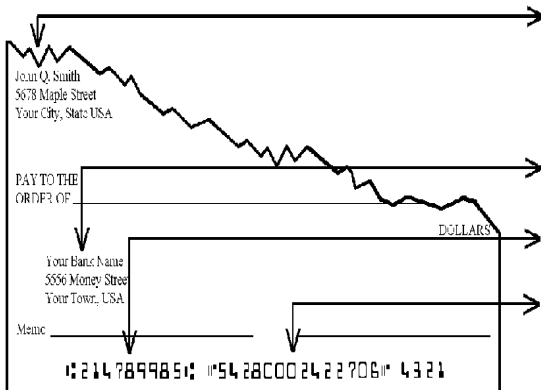
Both USAA Life Insurance Company and USAA Life Insurance Company of New York are referred to as USAA Life in this form.

1. Please read and submit this Authorization Form for Automatic Payment Plan along with your application, if applicable. Retain a copy for your records.
2. Please list all USAA Life contracts you would like paid from this bank account.

PAYOR'S USAA NUMBER	CONTRACT/CERTIFICATE NUMBER	DRAFT AMOUNT/PLANNED CONTRIBUTION
		<input type="checkbox"/> Premium Contribution <input type="checkbox"/> Loan
		<input type="checkbox"/> Premium Contribution <input type="checkbox"/> Loan
		<input type="checkbox"/> Premium Contribution <input type="checkbox"/> Loan
		<input type="checkbox"/> Premium Contribution <input type="checkbox"/> Loan

3. If you wish USAA Life to draft your account on a specific date each month, please indicate the date here: \_\_\_\_\_ Please draft on the \_\_\_\_\_ day of the month (Choose 1 - 28).

4. Provide us with the information, as illustrated below, or send a voided check:



\_\_\_\_\_ Name(s) of account holder(s)

\_\_\_\_\_ Name(s) of account holder(s)

\_\_\_\_\_ Financial Institution (must be complete name)

\_\_\_\_\_ Bank Routing Code (nine digits)

\_\_\_\_\_ Bank Account Number:  Checking  Savings

\_\_\_\_\_ Check Number

5. I hereby authorize USAA Life to make electronic withdrawals and deposits to my account to pay premiums for the contract reflected above until I notify USAA Life that I revoke this authorization and USAA Life has reasonable time to act. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with all applicable laws.

\_\_\_\_\_  
**Signature of Account Holder**

**Date**    /    /  
\_\_\_\_\_

**USAA LIFE INSURANCE COMPANY** 9800 Fredericksburg Road San Antonio, Texas 78288  
**USAA LIFE INSURANCE COMPANY of NEW YORK** Service Center 9800 Fredericksburg Road San Antonio, Texas 78288  
For inquiries, call us at 800-531-8722.

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