

AMERICAN PUBLIC LIFE INSURANCE COMPANY

P.O. BOX 925
JACKSON, MS 39205-0925

AUTHORIZATION FOR PAYROLL DEDUCTION

Employee Name _____ Social Security _____

You are hereby authorized to deduct the indicated amounts from my pay each month beginning _____ ,
and remit it to American Public Life Insurance Company for payment of Insurance premium due.

Product	Amount	Payroll Schedule:	
_____	_____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
_____	_____	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Other
_____	_____		
_____	_____		
	Total:		

Such deductions will continue until: 1) Termination of my employment; 2) Written notice by me to you of cancellation or change of this authorization;
3) Termination of the payroll deduction plan by either you or American Public Life Insurance Company.

Employee Signature

Date