



CENTRAL RESERVE LIFE INSURANCE

Mailing Address: 6201 Johnson Drive - PO Box 29190 - Mission, KS 66201-9190

BANK AUTHORIZATION

CENTRAL RESERVE LIFE INSURANCE COMPANY is hereby requested and authorized to draw checks to be charged against the checking account of:

_____ (print name as shown on bank records) (account number)

with _____ (name of bank and branch name, if any) (transit no. #)

_____ (address of bank or branch where account is maintained)

for the purpose of collecting premiums payable to CENTRAL RESERVE LIFE INSURANCE COMPANY under the bank check premium arrangement. The policy(ies) are to be placed under the bank check premium arrangement, upon approval by the Company, for premiums due.

It is understood that CENTRAL RESERVE LIFE INSURANCE COMPANY'S premium arrangement may be terminated by the policy owner or by the Company upon written notice.

(Date) _____ (transit no. #)

Authorization to honor checks drawn by Central Reserve Life Insurance Company, Mission, KS.

to

_____ (name of bank depositor) _____ (name of bank and branch name, if any)

_____ (account no. #) _____ (address of bank or branch where account is maintained)

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks drawn by Central Reserve Life Insurance Company to its own order. This authorization will remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check.

I agree that your treatment of each such check, and your rights in respect to it, shall be the same as if it were signed personally by me. I further agree that if any such check be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Central Reserve Life Insurance Company is instructed to forward this authorization to you.

_____ (date) _____ (signature of bank depositor - as shown on bank records for the account to which this authorization is applicable)

INDEMNIFICATION AGREEMENT

To: The Bank Named Above

In consideration of your participation in a plan which the CENTRAL RESERVE LIFE INSURANCE COMPANY has put in effect by which amounts for premiums due on policies of insurance are collected by drafts drawn by the company on the accounts of persons who have made themselves responsible for these payments, the Company does hereby agree that subject to the terms and provisions of such insurance policies without varying, extending or altering the terms, thereof:

(1) It will indemnify and hold you harmless from any liability to any person having an account with you arising out of the payment by you of any check drawn by the Company on the account of such person, or arising out of the dishonor by you, whether with or without cause or intentionally or inadvertently, of any such check drawn by the Company, whether or not such claim or liability asserted against you be based upon the forfeiture, or alleged forfeiture, of a policy of insurance the premium on which is sought to be collected by the Company by any such check; and

(2) It will refund to you any amount erroneously paid by you on any such check if claim for the amount of such erroneous payment is made by you within a reasonable time from the date of the check on which such erroneous payment was made.

(authorized Officer's signature) President

Please Note: A VOIDED check must accompany the authorization.