

AUTHORIZATION AGREEMENT FOR AUTOMATIC CONTRIBUTION

I, _____, hereby authorize **DEFEND LIFE**, hereinafter called COMPANY, to initiate debit entries to my Checking () or Savings () account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account.

AMOUNT _____ DEBIT DATE (OF MONTH) 1ST() 15TH()
choose one or both

DEPOSITORY _____
name

city state

BANKING TRANSIT/ABA _____ ACCOUNT NUMBER _____
(always 9 digits)

ATTACH TO THIS FORM EITHER
A VOIDED CHECK IF A CHECKING ACCOUNT IS DEBITED
OR
A SAVINGS DEPOSIT TICKET IF A SAVINGS ACCOUNT IS DEBITED

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

authorized signature for above account printed name date

authorized signature for above account printed name date
(if second signature is required)

Please complete the enclosed form, attach a savings deposit ticket or a voided check, and mail to Defend Life, P.O. Box 5427, Baltimore, MD 21285. Should you have any questions, please call Don Cora at 410-825-4939.