

**The Variable Annuity Life Insurance Company(VALIC)**

Mailing Address: Annuity Service Center • P.O. Box 15648 • Amarillo, TX 79105-5648  
Overnight Mailing Address: Annuity Service Center • 1050 N. Western Street • Amarillo, TX 79106-7011

Policy/Contract/Certificate Number \_\_\_\_\_ Owner \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Owner's Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

This form may be used for new requests or to change or cancel an existing agreement. Please check which type of request you are making.

\_\_\_\_\_ New Debit my account at the financial institution shown below.

\_\_\_\_\_ Change For future payments debit my account at the financial institution shown below.

\_\_\_\_\_ Cancel Cancel the preauthorized debits on my account.

Note: Preauthorized debits must be made on an account where the owner's name and social security number listed match those on the bank account's records. Allow 10 business days for processing changes.

Amount to be debited \$ \_\_\_\_\_

Frequency: \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Semiannually \_\_\_\_\_ Annually

Date the debit will occur: \_\_\_\_\_ (1st thru 28th only) Start date: \_\_\_\_\_  
month / date / year

Financial Institution Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name on account: \_\_\_\_\_ \_\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account

Your routing number: \_\_\_\_\_ Your bank account number: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM.**

I, the undersigned bank account owner, hereby authorize and request The United States Life Insurance Company in the City of New York ("Company") to initiate automatic debits against the indicated bank account in the financial institution named. These payments are to be credited to the Annuity Policy listed above, until changed by the bank account owner. I hereby agree to indemnify and hold the Company harmless from any loss, claim, or liability of any kind by reason of dishonor of any debit.

I understand that this Authorization will not affect the terms of the Policy, other than the mode of payment. I acknowledge that the debit appearing on my bank statement shall constitute my receipt of the purchase payment, but no payment is deemed made until the Company receives actual payment in its Home Office.

I agree that this Authorization may be terminated by me or the Company at any time and for any reason by providing written notice of such termination to the non-terminating party and may be terminated by the Company immediately if any debit is not honored by the financial institution named above for any reason.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_