



UNUM

AUTHORITY TO TRANSFER FUNDS

Please Check Insuring Company(s)

- Provident Life and Accident Insurance Company
- The Paul Revere Life Insurance Company
- Unum Life Insurance Company of America
- The Paul Revere Protective Life Insurance Company
- The Paul Revere Variable Annuity Insurance Company

PLEASE PRINT

POLICY NO.	INSURED NAME	POLICY NO.	INSURED NAME

1. Purpose for submitting this authorization form:

- New Preauthorized payment plan
- Addition of new policy to plan
- Address Change Requested: _____
- Change in bank
- Change in account number
- Type of Account:
 - Checking
 - Savings (not available for Unum Products)

- 2. Please indicate desired debit date (valid dates 1-28): _____
- 3. Please provide Bank Telephone Number (if not shown on Void Check) _____
- 4. Tape Void Check only. Deposit Tickets do not contain all necessary information.

Tape Void Check Here

APPLICANT INFORMATION FOR BANK:

You are hereby authorized, as a convenience to me, to pay and charge to my account any check or electronic fund transfer drawn on this account by and payable to the order of the company(s) indicated above for itself (themselves), provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or transfer shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice and you have had a reasonable time to act on it. I agree that you shall be fully protected in honoring any such check or transfer.

I further agree that if any such check or transfer be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Signature of Depositor	Date
Please print name as signed above	

A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL