




BANK ACCOUNT OWNER'S NAME		<b>101</b>	
MY ADDRESS			
MY CITY, STATE, ZIP			
PAY TO THE ORDER OF _____		\$ _____	
_____ DOLLARS			
THE BANK NAME		<b>123456789</b>	
BANK ADDRESS _____			
: <b>123456789</b> :		<b>12 34567890</b>	
ROUTING/TRANSIT NUMBER		ACCOUNT NUMBER	
BANK NAME AND ADDRESS		ACH ROUTING NUMBER	

### INDEMNIFICATION AGREEMENT

To financial institution named on the reverse side:

In consideration of your compliance with, from time to time, the request and authorization of any account owner of your institution (individually, a "Account owner" and collectively, the "Account owners") to debit his or her account upon initiation by the American General Life and Accident Insurance (the "Company") and its affiliated companies; the Company does hereby agree:

1. To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft or other written order, whether or not genuine, purporting to be executed by the Company and received by you in the regular course of business for the purpose of payment including any costs or expenses reasonably incurred in connection herewith.
2. In the event that any such check, draft or other written order shall be dishonored whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in a forfeiture of the insurance.
3. To defend at our cost and expense any action which might be brought by an account owner or any other persons because of your actions taken pursuant to the foregoing requests, or in any manner arising by reason of your participation in the foregoing plan of premium collection.

  
 Debra Woodard  
 Vice-President, Customer Services

**AGREEMENT:** As a convenience to me (us), I (we) request and authorize American General Life and Accident Insurance Company ("Company") to initiate debit entries, electronically, by paper means, or by any other commercially accepted method to my (our) checking/savings account maintained at the depository institution indicated for payment to the Company. I (we) additionally authorize the Company to debit for any full or partial balance due for the initial premium or for any reinstatement premium on the date of the Company's initial debiting of my account and thereafter as necessary. This authority is to remain in full force and effect until Company or Depository Institution has received **written notification of termination of the ABC Account, from me (or either of us), 30 days prior to the collection date**, or until the ABC account otherwise terminates. It is agreed that:

1. Debit entries shall be initiated by and payable to the Company for premiums and/or policy loan repayments as directed by me (us). It will not be necessary for any officer or employee of the Company to sign such debit entries.
2. No liability shall be incurred by the Company or other issuing company of the policy by reason of the dishonor of such debit entries.
3. Any requirements for giving notice of premiums due shall be waived as long as this ABC plan is in effect; the bank account charge shall constitute a receipt, but no payment shall be deemed to have been made unless and until the Company receives actual payment in its Home Office. Use of the ABC plan shall in no way alter or amend the provisions of the policy(ies) as to premium payment. Request by me (us) that such charges be drawn on other than the premium due date does not alter the due date and the Company in no way waives or modifies such due date for the grace period provision in connection therewith.
4. If I (we) entered into this agreement to authorize the Company to withdraw money from a bank account to pay premiums that may become payable for a policy applied for by me (us), except as stated in the conditional receipt, I (we) understand that no insurance applied for will become effective unless the Company issues a policy from the application for this policy, the first premium is paid, and any other terms and conditions of the policy are met.
5. In the event I (we) later elect to rescind this authorization or if the Company determines that I (we) am no longer eligible for this mode of premium payment, I (we) recognize that the premiums thereafter payable shall be payable in the amount and in the manner as provided in the policy.
6. This plan shall continue in effect unless or until terminated by the Company, or by me (us), **by written notice 30 days prior to the collection date** to the other party. In addition, the Company may terminate the plan immediately if any charges are not paid upon presentation.