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## **PAYROLL DEDUCTION AUTHORIZATION**

Employee	Payro	Il Number	
Employer		Agent	
Department		Agency	
	POLICY TRANSA	CTION	
□ NEV			
FREQUENCY:   WEEKLY	☐ BI-WEEKLY ☐ SEMI-M	ONTHLY	
DEDUCTION AMOUNT PER PAY PERIOD	DATE OF FIRST PAYROLL DEDUCTION	CONTRACT OR CHANGE DATE	
\$			
additional amounts for term rate Ohio, during the continuance of notice to said Employer.  In the event my employment has	increases for the policy(ies) issued by my employment by said Employer of been terminated with my Employer contact The Cincinnati Life Insuran	the payment as stated above, including any future by The Cincinnati Life Insurance Company, Cincinnati, or until this authorization is revoked by me by written before the initial premium for my policy(ies) has been ace Company or my agent regarding my eligibility to	
Date Signed (mm/dd/yy)	Signature of Emplo	yee Signature of Witness	
Name of Bank	nnati Life Insurance Company to withd		
		ZIP code	
Type of Account	_ •		
-		per	
<ul><li>continue each month.</li><li>The payment of the premium in 30 days' notice, or without notice.</li><li>This authorization is revocable.</li></ul>	this manner may be discontinued at a ce if any withdrawal is not paid upon pr	ne Cincinnati Life Insurance Company of written notice.	
Date (mm/dd/yy)	Premium Payer-Depositor (	please print) Signature of Premium Payer-Depositor	
in the life insurance programs at		nal benefit programs. I have decided not to participate	
Date (mm/dd/vv)		Signature of Employee	