REQUES	T LLOTMENT	OF PREMIUMS F	RY ALA	RY
NAME OF EMPLOYER			<i></i>	
NAME OF EMPLOYEE				
Department	New Policy Number	Monthly Premium	Due Date of First Premium to be Deducted	
Date 19			TOTAL PREMIUMS Including New Policy	
To Employer:			Policy Number	onthly emium
I hereby request you to allot from my salary each month and as my agent, forward to R. E. Voigt as representative for Underwriters at Lloyd's, London the amount of the monthly premium shown above. Such allotment shall cease upon the completion of the premium paying period as provided in the policy or upon written notice by me of the cancellation of this order.				
	J.D. Tippi	Employee		
		TOTAL DEDUCT	TION \$	