AUTHORIZATION FOR AFI AUTOMATED BILL PAYMENT PLAN

I hereby authorize Armed Forces Insurance (AFI) to initiate debit/credit entries to my account at the financial institution named below:

MEMBER INFORMATION

Member Name: _____ Member Number: _____

Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Which policies that **are paid for by you**, would you like to add to Automated Bill Payment? Pick one pay plan for each:

Policy No: _____ ❑ Full ❑ Quarterly ❑ Monthly

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Policy No: _____ ❑ Full ❑ Quarterly ❑ Monthly

Note: We will start Automated Bill Payment as soon as possible. Remember to pay any paper bills that are sent while we are setting up your new automated bill payment.

BANK INFORMATION

Financial Institution Name: _____

Routing Number (9 digits): **Bank Account Number:**

Type of Account: ❑ Checking ❑ Savings

Please attach a voided check from checking account to this application. **(only send deposit slip if using savings account)**

AGREEMENT TERMS

Electronic debit/credit entries shall be initiated by AFI to pay premiums and other charges for the above policies/account as they are due. I understand that these amounts may vary and authorize the payment of the balance due. I acknowledge that the origination of electronic debit entries to my account must comply with the provisions of U.S. law.

AFI reserves the right to refuse or terminate Automated Bill Payment services. This authority is to remain in effect until terminated by AFI or until AFI has received notification from me in writing, by email or by phone of its termination and has reasonable time to act on it.

Signature: _____ Print Name: _____ Date: ___/___/____

Note: Must be an authorized signer for the account(s) identified above.

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

PLEASE ATTACH COPY OF VOIDED CHECK

Mail form and voided check to:

Armed Forces Insurance, Accounting Department, PO Box 7300, Ft. Leavenworth, KS 66027-7300

or fax to 800.633.2011, Attn: Accounting Department