

Authorization Agreement for Automatic Deposits (ACH Credit) American Fidelity Assurance Company

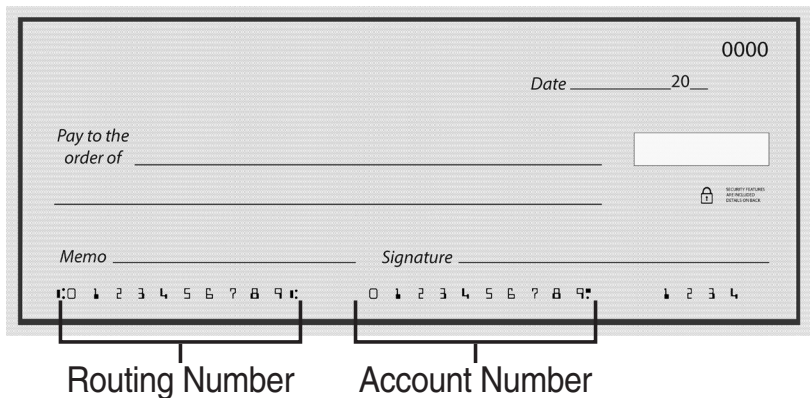
Bank/Credit Union Name: _____

Mail Address: _____

City, State ZIP Code: _____

Your Name: _____ Social Security Number: _____

Routing Number: _____ Bank Account Number: _____



To set up direct deposit with American Fidelity, provide all required information. You may also enroll in direct deposit through your online account.

I authorize American Fidelity Assurance Company to initiate credit entries to my account as indicated. I also authorize American Fidelity to debit my account for any deposits made in error. This authorization remains effective and in full force until American Fidelity receives written notification from me of its termination in such time and in such manner as to afford American Fidelity and the Depository a reasonable opportunity to act on it. Please notify American Fidelity immediately if your depository information has changed.

Signature: _____

You must provide the following information:

Routing Number: _____

Account Number: _____