

Make your life simpler with this convenient payment option...

Pre-Authorized Check Plan

with American Fidelity Assurance Company Automatic Electronic Funds Transfer

YOU HAVE OPTIONS!

Your payment can be drafted electronically from your bank account saving you the effort of writing and mailing a check each month. Annually, this could save you as much as \$4.00 or more in postage, plus save you time.

In addition, you do not have to worry about forgetting to send in your payment, it's automatic!

WE MAKE IT SIMPLE FOR YOU!

1. Read and complete each item on the authorization form below.
2. Include a voided unsigned check in order to allow verification of your information.
3. For new accounts, you must include your first month's payment.
4. Drafts will be withdrawn the last business day of each month and post the 1st business day of each month.

AUTHORIZATION FOR PRE-AUTHORIZED CHECK PAYMENTS

The diagram shows a check form with the following fields and labels:

- Account Number**: Points to the top right corner of the check form.
- ABA Transit number**: Points to the bottom left corner of the check form.
- Bank Name and Address**: Points to the bottom left corner of the check form.
- Memo**: Points to the bottom left corner of the check form.
- Check Number**: Points to the top right corner of the check form.

The check form itself contains the following text:

2000

Pay to the Order of _____ \$ _____ DOLLARS

Bank Name and Address _____

Memo _____

⑆ 112430088 ⑆ “6734 3345 “2000

Please complete all information requested and return with a voided, unsigned check, or your first month's payment, if new account.

Insured Name(s) _____ Policy number _____

Daytime Phone _____

Date you want the first draft to start _____ / 1 / _____ Draft Amount _____

ABA Transit Number _____ Account Number _____

Financial Institution Name _____

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks drawn on my account by and payable to the order of the American Fidelity Assurance Company, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing and until you actually receive such notice I agree that you shall be fully protected in honoring any such check.

Signature _____

Date _____

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