

Authorization Agreement for Automatic Deposits

Bank/Credit Union Name: _____

Address: (street, city, state, zip) _____

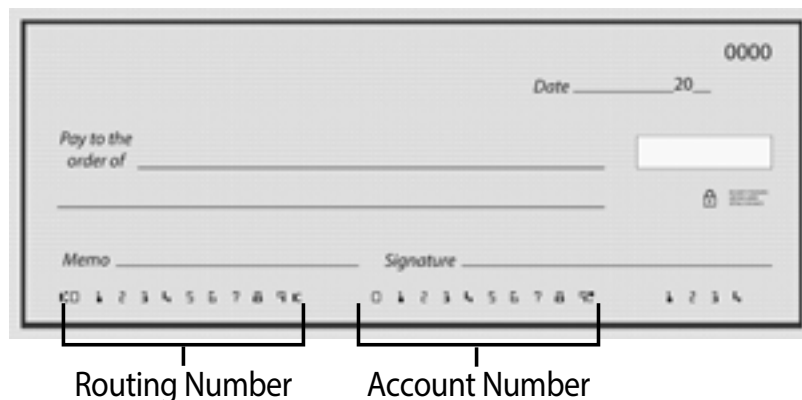
Name: _____ Social Security Number: _____

Customer Number: _____

(You can find this number under the My Profile section in your online account, on the Schedule page of your policy, or by contacting us at 800-662-1113.)

Please indicate if this is a checking or savings account: ☐ Checking ☐ Savings

Bank Routing Number: _____ Bank Account Number: _____



To set up direct deposit with American Fidelity, provide all required information and attach a voided check.

I authorize American Fidelity 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. This authorization applies to benefits payable under all benefit plans with American Fidelity.

Signature: _____

Date: _____