

Direct Deposit Authorization Form

To set up direct deposit with American Fidelity, provide all required information.

Insured's Name: _____ Policy Number: _____

Beneficiary's Name: _____

Address: _____

Please indicate if this is a checking or savings account (*Must be a U.S. bank account*): Checking Savings

Bank/Credit Union Name: _____

Bank Routing Number: _____ Bank Account Number: _____

*****PLEASE TAPE A VOIDED CHECK HERE*****

If no checks are available for the account, or if the deposit will go into a savings account, then a bank statement or letter from the bank with the account holder name, account number, and routing number will be required.

If no check or verifying document is provided, American Fidelity will provide payment of benefits by check mailed to the address on file.

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

Signature: _____

Date: _____