



*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. Yearly, that can save you \$4.00 in postage and your time.

In addition, you do not have to worry about forgetting to send your payment and possibly lapsing your coverage in the process.

### 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. Include any payments due with your current statement.
4. Withdrawals will be around the 1st business day of each month.

## AUTHORIZATION FOR PRE-AUTHORIZED CHECK PAYMENTS

The diagram shows a check with the following fields labeled:

- Account Number**: Points to the top left of the check.
- ABA Transit number**: Points to the bottom left of the check.
- Bank Name and Address**: Points to the middle left of the check.
- Memo**: Points to the bottom left of the check.
- Pay to the Order of**: Points to the top left of the check.
- \$**: Points to the top right of the check.
- DOLLARS**: Points to the middle right of the check.
- Check Number**: Points to the top right of the check.

*Please complete all information requested and return with your voided, unsigned check to:*  
**American Fidelity Assurance Company - AFES, PO Box 25523, Oklahoma City, OK 73125.**

Insured Name(s) \_\_\_\_\_ Policy number \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Date you want the draft to start \_\_\_\_\_ / 1 / \_\_\_\_\_ Year

ABA Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

As a convenience to me, I hereby request and authorize you to pay and charge my account checks drawn on my account by and payable to the order of the American Fidelity Assurance Company, provided there are sufficient collected 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.

I further agree that if such check be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**A member of the American Fidelity Group®**

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