

**Bank Draft Authorization Form** AF55019 (06/15)



As a convenience to me, I hereby request and authorize the banking institution below (the "Bank") to pay and charge to my account drafts on my account by and payable to the order of the company who issued or assumed the policy listed below (the "Company") administering my insurance policy provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that the Bank's rights in respect to such draft shall be the same as if it were a check drawn on the bank and signed personally by me. **This authorization will remain in effect until revoked by me or the Company. Notifications should be sent to PO BOX 410288, Kansas City, MO 64141-0288, Attention Customer Service. Our toll-free number is 800.231.0801.** I agree that the Bank shall be fully protected in honoring any such draft. I further agree that if any such draft be dishonored, whether with or without cause and whether intentionally or inadvertently, the Bank shall be under no liability whatsoever. Should any draft not be honored by the Bank upon presentation, I understand that this method of payment may be terminated. **I further understand that should any draft not be honored for the reason of "insufficient funds", a second attempt to draft may occur within 5 business days from the returned draft date.**

**I understand that Americo requires a 5 business day advance notice to set up, change, or discontinue my bank draft information.** I also understand that my insurance policy may lapse if said draft is returned unpaid by my Bank, or if I discontinue payments, prior to receiving confirmation of draft processing from the Company. **Please keep a copy of this authorization with your banking records.**

**FOR EXISTING POLICIES: Unless otherwise requested, premium draft date will be the existing premium due date.**

**DRAFT DATE: (If no option is selected, Draft Date will default to the first option listed below)**

Upon issue and on the policy's regular due date thereafter

Specific start date: \_\_\_\_\_ / \_\_\_\_\_ (must be within 10 days of the Due Date and cannot be on the 29<sup>th</sup>, 30<sup>th</sup>, or 31<sup>st</sup> of the month. It may  
Month Day take up to 4 business days from the day we initiate the draft for your bank to process this transaction.)

**Additional option for Final Expense and Mortgage applications (Also available for in-force policy numbers starting with "AM" issued after December 2011.)**

Day of week: \_\_\_\_\_ / \_\_\_\_\_ (Draft day must be specified using Monday through Friday Example: Second / Monday  
Week of Month Day of Week for a specific week of the month (First-Fourth). The actual date of draft could vary each month.)

**ACCOUNT TYPE: (If no option is selected, Account Type will default to the checking account option)**

Checking Account (attach voided check)

Savings Account (attach deposit slip)

Check with Application (use the deposit and routing numbers from the enclosed check in lieu of a voided check)

Please use Bank Draft information from Americo policy number: \_\_\_\_\_

|                     |   |  |                                  |              |
|---------------------|---|--|----------------------------------|--------------|
| INSURED INFORMATION | Insured Name(s)   |  | Policy Number(s)                 |              |
|                     |   |  |                                  |              |
|                     |   |  |                                  |              |
| PAYOR INFORMATION   | Name  |  | Relationship to Proposed Insured | Phone Number |
|                     | Address (If mailing address is a PO Box, a street address is also required)                         |  |                                  |              |
|                     | How long at current address? _____ If less than 5 years at current address, prior address required. |  |                                  |              |
| SIGNATURE           | Payor's Signature (REQUIRED, as it appears on bank records)   |  |                                  | Date         |
|                     | _____   |  |                                  | _____        |

**Attach Voided Check/Deposit Slip Here**

Complete below only when voided check or deposit slip is not available

|                                |   |  |  |  |  |  |  |                |  |  |  |  |  |  |  |
|--------------------------------|---|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|
| ALTERNATE ACCOUNT VERIFICATION | Routing Number  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |
|                                | Account Number  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |
|                                | <input type="checkbox"/> Check here if this is a business account   |  |  |  |  |  |  |                |  |  |  |  |  |  |  |
|                                | <p><b>Agent's Certification (For New Business only)</b></p> <p>I do hereby attest that I personally verified this information. I understand that any misrepresentation or falsification on my part will rescind my privilege to use this form and may lead to immediate termination of my appointment with the Company.</p> |  |  |  |  |  |  |                |  |  |  |  |  |  |  |
|                                | Agent's Signature (REQUIRED)  |  |  |  |  |  |  | Agent's Number |  |  |  |  |  |  |  |
|                                | _____   |  |  |  |  |  |  | _____          |  |  |  |  |  |  |  |