

POLICY CANCELLATION REQUEST

Mail to: POLICY SERVICE DEPARTMENT
 PO Box 2549 – Waco, TX 76702-2549

OR

Fax To: 254-297-2105
Scan/Email To: POS@aatx.com

Policy Number: _____

Name of Owner: _____ Insured's Name: _____
 (PLEASE PRINT)

Address: _____ City, State, Zip: _____

SS#: _____ DOB: _____ Telephone #: _____

I wish to cancel this policy and receive any policy values due me.

Reason for cancellation request: _____

- Mail check to the address above. (If the check is not received within 30 days from the date mailed, please contact our office to have a replacement check issued.)**
- Direct Deposit to my bank account. (Provide complete bank account information below). (Direct Deposit is the fastest, most reliable way of receiving your money!)**

For security reasons, handwritten signatures are verified on all requests over \$5,000.00. Since signatures may change over time, please include a clear copy of a form of ID with your current signature.

Policy Owner's Signature: _____ Date: _____

Bank Name – City, State: _____

The image shows a check from My Town Bank, My Town, UT 84000, payable to JOHN J. TAXPAYER and MARY S. TAXPAYER. The check number is 1234. Annotations point to the routing number (250250025) and account number (00009876543) on the MICR line. Below the check, there is a form to enter these numbers: 'Enter routing number' with the value 250250025 and 'Enter account number' with the value 00009876543. The account type is 'Checking' (checked) and 'Savings' (unchecked).

9-digit Transit/ABA Number: _____ **Account #:** _____

Account Holder(s) Name: _____

Type of Account: Checking: () Savings: ()