

Loan Request

POLICY SERVICE DEPARTMENT
PO Box 2549, Waco, TX 76702-2549
FAX: 254-297-2105 Scan/Email: POS@aatx.com

LOANS ARE DONE BY PHYSICAL CHECK ONLY

Policy Number: _____

Policyowner's Name: _____

Address: _____

Amount Requested: _____

Reason for Request: _____

Last four of SSN: _____ DOB: _____

Email Address: _____

Telephone No: _____

Date: _____ Policyowner's Signature: _____

****If your loan request is over \$10,000.00 please include a copy of an ID such as your driver's license with your signature on it.**