



AAA Life Insurance Company Automatic Premium Payment Authorization

17900 N. Laurel Park Dr.
Livonia, MI 48152-3985
(800) 624-1662

To authorize premium payments directly from your **Financial Institution**, complete **Box 1** and sign at the bottom of this form.
To authorize premium payments by **Credit Card**, complete **Box 2** and sign at the bottom of this form.

Payor's Authorization to Insurance Company

As a convenience to me, I authorize AAA Life Insurance Company to draw checks, drafts, or preauthorized electronic notices from my bank/credit union checking or savings account or credit card account to make payments on any policy(ies) listed below.

I understand that credit for the payment is conditioned upon the order being honored when presented for payment; that this authorization may be terminated (1) at the option of the Company if any check, draft, or preauthorized electronic notice is not honored when presented for payment, or (2) upon 30 days written notice by the Company, the bank or credit union, or account holder/cardholder signed below.

If this authority is terminated, the amount due on the policy(ies) involved will be billed on a direct premium notice basis as provided by the policy provisions unless otherwise agreed.

Payor's Authorization to Financial Institution

As a convenience to me, I request and authorize you to pay and charge to my account checks, drafts or preauthorized electronic notices drawn on my account and payable to the order of AAA Life Insurance 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 order 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 order.

I agree that if any such order is 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.

1 **Financial Institution Information**
(Attach a savings deposit slip or voided check)

New policy(ies) going to existing EFT account.
Indicate new **policy number(s)**: _____
and existing **EFT policy number**: _____

New policy(ies) going to new EFT account.
Indicate new **policy number(s)**: _____

Bank account change. List all policies to be included: _____

Bank Name _____ Office or Branch _____
Street Address _____ City _____ State _____ ZIP _____
Account Holder Name(s) (print) _____
Account No. _____ Checking Savings Bank Routing Number _____
Name of Insured (print) _____ Withdrawal Date (1st-28th) _____

2 **Credit Card Payments** (VISA, MasterCard, Discover, and American Express Only)

I authorize the premiums due to be remitted to AAA Life Insurance Company through my credit card account indicated below. This authority is to remain in full force and effect until AAA Life Insurance Company has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it. Any excess premiums that may accrue after termination of coverage will be credited to my account.

New policy(ies) going to existing Credit Card Payment account.
Indicate new **policy number(s)**: _____
and existing **Credit Card policy number**: _____

New policy(ies) going to new Credit Card Payment account.
Indicate new **policy number(s)**: _____

Credit Card change. List all policies to be included: _____

Cardholder Name (print) _____ Credit Card No. _____ Expiration Date _____
Name of Insured (print) _____ Charge Date (1st-28th) _____

Signature Required

I have read and understand the payment terms and authorize AAA Life Insurance Company to draw from my account.

➔ **Account Holder/Cardholder**
Signature(s) **X** _____ **X** _____ **Date:** _____