

Automatic Premium Payment Authorization

17900 N. Laurel Park Dr. Livonia, MI 48152-3985 Phone: (800) 624-1662 Fax: (866) 494-3254

To authorize premium payments directly from a **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.

Please allow three (3) business days to make any changes to your existing account. Payments returned for non-sufficient funds will automatically attempt a second transaction within five (5) business days. Please make sure funds are available on your scheduled draft date. AAA Life is not responsible for reimbursement of any bank fees.

1	Financial Ins	titution Information	
	(Attach a savings dep	osit slip or check marked "void")	
I authorize, until I revoke in writing account. (Please attach a check m	-	nium equal to my current payment frequency from my <u>financial ins</u> tion.)	<u>stitution</u>
☐ New policy(ies) going to	NEW Electronic Funds Trans	fer (EFT) account.	
	EXISTING Electronic Funds T		
Indicate existing policy nu	umber		
☐ Financial Institution acc	ount change.		
List all policies to be inclu	ıded:		
		Office or Branch	
Street Address			
		ZIP	
Account Holder Name(s)			
		ZIP	
☐ Checking ☐ Savings Bank Rollinsured's Name		Account No	
2		ard Information Discover, and American Express)	
I authorize, until I revoke in writing as it is or is updated.	(VISA, MasterCard, D		account
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