

# It's easier than ever to keep your coverage.

**Pick one of these options today :**

Complete the authorization form below and return it to American Fidelity at:

**P.O. Box 25523**  
**Oklahoma City, OK 73160**



Complete the online authorization form at **[americanfidelity.com/mycoverage](http://americanfidelity.com/mycoverage)**.

## Authorization for Electronic Funds Transfer

**Insured First Name**

**Insured Last Name**

**Customer Number**

**Policy Type**

(i.e. Accident Only, Cancer, Life, etc.)

**Daytime Phone Number**

**Start My Draft On\***

/ 1 /

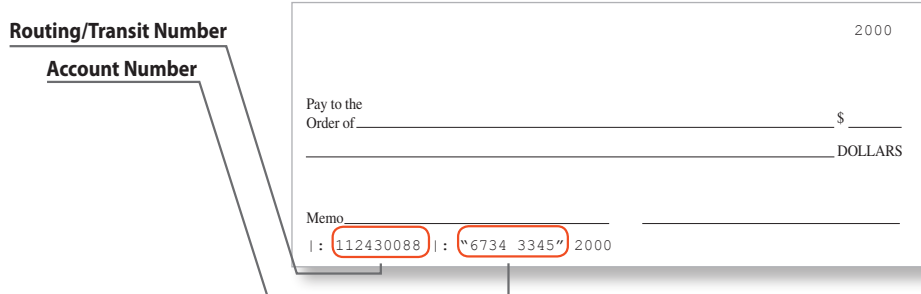
**Routing/ Transit Number**

Month / Day / Year

**Account Number**

**Financial Institution Name**

\* Please allow for 7-10 business days for processing time.



For my benefit and convenience, I hereby request and authorize you to deduct from my account funds representing premium payments, and any outstanding balances due to American Fidelity Assurance Company. I agree that your rights in respect to each such deduction shall be the same as if it were a check payable to you and signed personally by me. This authorization will 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 payment.

I further agree that if such check be dishonored, whether with or without cause and whether intentionally or inadvertently, such dishonor could result in the lapse and forfeiture of insurance coverage.

Account Owner's Signature

Date

Account Owner's Signature

Date