



Payment Authorization Agreement

Policyholder / Applicant Information

Name: _____	Policy Numbers _____	Premium \$ _____	Policy Numbers _____	Premium \$ _____
Address: _____	_____	_____	_____	_____
City, State, ZIP: _____	_____	_____	_____	_____
Phone: _____	No. of policies _____	<input type="text"/>	Total: \$ _____	_____

Deduction Information

For newly issued policies only: For ease of your policy administration, we will make the effective date of coverage the same as your selected draft date following the receipt of your application in worldwide headquarters if the policy is issued.
 Applicant's Initials _____

When would you like your premiums deducted?

How often? Monthly Quarterly Semiannually Annually

Please choose a month for the first deduction. _____

Please choose any day 1-28 for the first deduction. _____

I choose to pay by electronic draft.

Draftee Name: _____
 Depository Name/Branch: _____
 City: _____ State: _____ ZIP: _____
 Transit/ABA Number: _____
 Account Number: _____ Checking Savings

I choose to pay by credit or debit card.

Visa Credit card
 MasterCard Debit card
 American Express
 Card Number: _____ Expiration Date: _____

Confirmation

I authorize Aflac to initiate debit entries electronically to my account indicated above and I authorize the depository institution named above to debit same to such account. This authorization remains effective and in full force until Aflac and the depository/institution receive written notification from me of its termination in such time and in such manner to afford Aflac and the depository/institution a reasonable opportunity to act on it.

Account Holder's/Card Holder's Signature: _____ Date: _____
 (If different from Policyholder/Applicant)

Policyholder's/Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Writing Number: _____ Date: _____
 (Required for SNG Only)

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