# Payment Authorization Agreement

## Policyholder/Applicant Information

| | | Policy Numbers | Premium Amount | Policy Numbers | Premium Amount |
|---|---|---|---|---|---|
| Name: | | | | | |
| Address: | | | | | |
| City, State, ZIP: | | | | | |
| Phone: | | No. of policies: | | Total: $ | |

## Deduction Information

**For newly issued policies only:** For ease of your policy administration, if the policy is issued, we will make the effective date of coverage the same as your selected draft date following the receipt of your application at Aflac Worldwide Headquarters. For Direct Life only, if the policy is issued, we will make the effective date of coverage the same as your selected draft date following the approval by Underwriting of your application.

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.**

Account Holder's Name: _____

Account Holder's Address: _____

City: _____ State: _____ ZIP: _____

Routing Transit Number: | | | | | | | | | |

Account Number: | | | | | | | | | | | | | | | | |

□ Checking □ Savings

**□ I choose to pay by credit or debit card (only Visa, MasterCard, and American Express are accepted).**

Card Holder's Name: _____

Card Holder's Address: _____ City: _____ State: _____ Zip: _____

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 receives 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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