

Attach a voided check here if drafting from a checking account.

Attach a deposit slip here if drafting from a savings account.

**American Family Life Assurance Company of Columbus (AFLAC)
Worldwide Headquarters: Columbus, Georgia 31999
Toll-Free 1-800-99-AFLAC (1-800-992-3522)**

**AUTHORIZATION AGREEMENT
FOR PRE AUTHORIZED COLLECTION (DEBITS)**

(Please print all information except signatures)

Policyholder's Name: _____

Policyholder's Address: _____

Policyholder's Telephone Number: _____

Depository Name/Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA No.: _____ Account No.: _____
Checking Savings

Draft Day (1-28): _____ Mode (circle one): Monthly Quarterly Semiannually Annually

Policy Number(s): _____

I (we) hereby authorize AFLAC, Columbus, Georgia, hereinafter called COMPANY, to initiate debit entries electronically, by paper means or by any other commercially accepted method, to my (our) account indicated above and the depository named above, hereinafter called DEPOSITORY, to debit same to such account.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have each received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signed: _____ Date: _____
(Signature must be the same as on signature card at depository.)

Signed: _____ Date: _____
(Signature must be the same as on signature card at depository.)

Witness: _____ Date: _____

See reverse side for instructions for completing the Authorization Agreement for the Pre authorized Collection form.

WHITE - Return to Home Office; **Yellow** - Leave With Applicant

INSTRUCTIONS TO ASSOCIATE

1. Collect the initial premium from the applicant.
2. Obtain a voided check from the applicant. Please note two checks from the applicant are required: (a) a check in payment of the initial premium, (b) a specimen check marked "Void."
3. Enter the policyholder's name, address and telephone number.
4. Enter the name and location of the bank (as shown on the voided check) in the spaces provided at the top of the authorization agreement.
5. Have the applicant enter his/her name, the draft day, the draft mode, and policy number(s) in the space provided.
6. Have the applicant date and sign this authorization agreement.
7. Sign your name as a witness in the space provided.
8. Attach this authorization agreement and a voided check to the insurance application form, to ensure these items do not become separated from the applicant's information.
9. List all pre authorized collection business on a separate transmittal form.
10. Attach the application, the voided check and the authorization agreement to the back of the transmittal form. Place these papers in the order appearing on the front of the transmittal form.
11. Identify the transmittal as pre authorized collection business by writing the words "P.A.C. BUSINESS" on the transmittal form.

INSTRUCTIONS TO POLICYHOLDER

1. Enter your name, address and telephone number.
2. Attach an additional check marked "VOID."
3. Indicate your transit number located in the bottom left-hand corner of your check. (The transit number contains 9 digits.)
4. Enter your name, draft day (1-28), mode, and policy number(s) in the space provided.
5. Enclose the amount of one modal premium, which is equivalent to the mode that you have selected above.
6. Please contact us at 1-800-99-AFLAC (1-800-992-3522) if any additional information is needed.