



Allstate
Benefits

American Heritage Life Insurance Company
Allstate Benefits
1776 American Heritage Life Drive
Jacksonville, Florida 32224

Telephone 1-800-521-3535
Facsimile 866-428-2516
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Authorization for Recurring Automatic Payment of Premium

Policy Owner's Name _____

Policy Owner Mailing Address _____
 _____ (Street) _____ (Apt)
 _____ (City) _____ (State) _____ (Zip) Check if this is a new address

1. Request Type

New Authorization Change Bank Account (Prior Authorization) Change Payment Frequency (Prior Authorization)

2. Bank Account Information

Account Holder's Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Financial Institution: _____

Branch Address: _____

ACH/Routing Number: _____ Account Number: _____ Savings
 Checking

If account holder is different from policy owner, please describe relationship: _____

**For saving accounts attach bank document account verification
 For checking accounts attach voided check**

3. Payment Information

Please choose the day of the month for the deductions: _____ (Choose any day 1 – 28)

Deductions will be made Monthly Quarterly Semi-Annually Annually for the following policies:

Policy Number	Premium Amount
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Total Deduction: _____

4. ACH Withdrawal Authorization and Signature

I authorize American Heritage Life Insurance Company ("AHL") to initiate recurring withdrawal entries from the bank account indicated above, and in the frequency indicated above. Recurring withdrawals will be made in the amount indicated above, and such additional amounts that may be required upon any increase of premium amount. I represent that I am the owner and/or authorized signer of the account indicated above and, if this is a joint account, the signature of a joint account holder is not required for withdrawals from this account. I have carefully read, understand, and agree to the Terms and Conditions that are printed on the second page of this form.

Account Holder's Signature: _____ Date: _____

A copy of this authorization shall be as valid as the original
PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Terms and Conditions

The account holder whose signature appears on the previous page hereby understands and agrees that:

1. Automatic withdrawals will occur on the day of the month I have chosen, and in the frequency I have chosen. For quarterly, semi-annual, and annual deductions, the first automatic withdrawal will occur in the month of my next premium due date, unless such date is within ten (10) days of the submission of this authorization. Payments with withdrawal dates on a Saturday, Sunday or holiday may not be processed until the following business day.
2. AHL will not send me a notice of premium due while this authorization is in effect. It is my responsibility to ensure sufficient funds are available at the time of each scheduled withdrawal. My coverage may terminate if the payment is declined, which could result in the cancelation of this agreement and removal of my coverage from automatic recurring payment processing.
3. This authorization reflects my intent that AHL shall withdraw from my account the amount necessary to pay premium. In the event my premiums increase in accordance with the terms and conditions of my coverage documents, AHL shall provide notice of this increase at least ten (10) days prior to the next authorized withdrawal date.
4. Any refund due me shall apply to the account indicated above; and if necessary, AHL may electronically debit or credit my bank account to correct any transactions.
5. All information reported on this authorization is complete and accurate. AHL can rely on this information and will have no obligation to ensure the correctness of the information. It is my responsibility to notify AHL immediately if my financial institution or bank account information has changed.
6. I may revoke this authorization by providing written notice to AHL, and that AHL would have a reasonable time period to honor my request.
7. This agreement is to remain in full force and effect until I revoke my authorization, my coverage is no longer in effect, the bank account used for withdrawals is closed, or until AHL elects to cancel this agreement.
8. No premium shall be deemed paid until AHL receives payment at its Home Office.
9. The origination of electronic withdrawals to my account must comply with the provisions of U.S. law.