

# American Heritage Life Insurance Company

1776 American Heritage Life Drive  
Jacksonville, Florida 32224



## CLAIMS ADMINISTRATION DIRECT DEPOSIT AUTHORIZATION FORM

Authority is hereby given to American Heritage Life Insurance Company (AHL) to credit the account number shown below for claims payment for all of your AHL policies (unless benefits are assigned). AHL will make any adjustments, including the initiation of any credit or debit entries on the account, for the limited purpose of claims payment due to the accountholder or due to AHL. Once the deposit transaction occurs, AHL has five days to withdraw only the amount deposited if an error has occurred.

<b>TRANSACTION TYPE:</b> <input type="checkbox"/> New Setup <input type="checkbox"/> Cancellation <input type="checkbox"/> Change Financial Institution <input type="checkbox"/> Change Account Number
<b>POLICY/CERTIFICATEHOLDER INFORMATION:</b> Policy/Certificateholder Name: _____ Home Phone: _____ Policy/Certificate Number(s): _____ <i>(Signing this authorization will allow AHL to deposit claims payments for all eligible policies)</i> Social Security Number: _____
<b>FINANCIAL INSTITUTION:</b> Financial Institution Name: _____ Address: _____ Routing Transit Number _____ Account Number _____

eas

**Tape a Voided Check for Checking Account Here**

This authority is to remain in full force and effect until AHL has received written notification revoking the authority. Your policy/certificateholder information and your financial institution information above must be complete and accurate and must be that of the policy/certificateholder on file. To ensure accuracy, a voided check must be attached. Please notify AHL immediately if your financial institution or account information has changed by sending written notification to the address indicated below. Should you have any questions, please contact us at 1-800-348-4489.

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Deliver the completed and signed authorization form with voided check to:**

**Fax to:** 1-866-424-8482

OR

**Mail to:** Allstate Benefits

Attention: Claims ACH Department  
1776 American Heritage Life Drive,  
Jacksonville, FL 32224-6687