



Payment Authorization Agreement

Policyholder / Applicant Information

Name: _____ Policy Numbers _____ Premium \$ _____ Policy Numbers _____ Premium \$ _____
Address: _____
City, State, ZIP: _____
Phone: _____ No. of policies [] 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: _____
(Pf different from Policyholder/Applicant)
Policyholder's/Applicant's Signature: _____ Date: _____
Agent's Signature: _____ Writing Number: _____ Date: _____
(Required for SNG Only)

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