AAFP INSURANCE PROGRAM
for your financial health
P.O. Box 7470 Leawood, KS 66207-0470
Phone: (800) 325-8166 Fax: (800) 223-7463

Electronic Funds Transfer Authorization Form

AAFP Insurance Services, Inc. Automatic Insurance Payment Agreement provides for Electronic Fund Transfer for the purpose of making your insurance payment without the use of a check. Your signed authorization below is required. The electronic debit will occur on each scheduled due date according to your selected mode of payment. If the scheduled transfer occurs on a weekend or bank holiday, your designated account will be charged the next business day. If you choose to use your checking account, enclose a blank voided check for that account. If you choose to use your savings account, you must confirm that your bank permits electronic fund withdrawals from the account and obtain your bank's transit routing number. The amount of the automatic debit may vary due to scheduled increases as the result of age changes, amounts of insurance or a premium rate change. You will be notified at least 45 days in advance of rate changes, for premium contribution changes due to scheduled age or benefit changes a Premium Notice will be sent at least 14 days prior to the due date indicating the amount to be withdrawn.

Please select from the following modal premium contribution options:
__ Quarterly (Not available for Practice Overhead.)
__ Semi Annual
__ Annual

This agreement applies to the following AAFP association-group insurance plans:
__ G7200 Traditional Term Life __ G7201 Disability Income

__ G29119 10-Year Level Term Life __ G29248 20-Year Level Term Life

__ G30240 10-Year Level Term Life __ G30241 20-Year Level Term Life

__ G29072 Practice Overhead

_____ _____
Account Owner's Name Bank Name

Type of Account: __ Checking (Enclose a voided check.) __ Savings

_____ _____
Bank Routing Number Account Number

_____ _____
Signature of Account Owner Date