



Payment Authorization Agreement

Policyholder/Applicant Information

	Policy Numbers	Premium \$	Policy Numbers	Premium \$
Name: _____	_____	_____	_____	_____
Address: _____	_____	_____	_____	_____
City, State, ZIP: _____	_____	_____	_____	_____
Phone: _____	No. of policies <input type="checkbox"/>		Total: \$ _____	

Deduction Information

When would you like your premiums deducted? _____
Please choose any day 1–28.

How often? Monthly
 Quarterly
 Semiannually
 Annually

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.

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 have received 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.

Policyholder's/Applicant's Signature: _____ Date: _____

Associate's/Agent's Signature: _____ Writing Number: _____ Date: _____
(Required for SNG Only)

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