



ACH Recurring Premium Payment Authorization Form

To complete the ACH authorization, type in all fields below and remember to check the electronic signature acknowledgment at bottom of form. **Fax or e-fax completed form to 1-800-490-4526.**

Please note – the ACH authorization must be completely filled in for proper processing; incomplete or illegible documents will not be accepted.

Group Name

Group Number

Authorization Frequency

☐

Recurring Monthly Premium Payment

Bank Name

Routing Number (reference visual below)

Confirm Routing Number

Account Number (reference visual below)

Confirm Account Number

Bank Type

☐

Checking

☐

Savings

Ms Jane Doe 123 Main St Boulder, CO 80301			_____ Date	
Pay to the Order Of _____		\$	_____	
_____ Dollars		🔒		
Memo _____		_____ Signature		
123456789		0987654321		1001
Routing		Account		

In accordance with the National Association of Clearinghouse Rules (NACHA), I authorize American Family Life Assurance Company of Columbus or in NY, American Family Life Assurance Company of New York (collectively, “Aflac”) to initiate electronic debits to the account listed above for payment of my insurance premium.

I understand by signing below I authorize and agree to the following:

- Payment will be taken on the second of every month (if the second falls on a weekend or holiday, the account will be drafted the following business day)
- I have the authority to bind my company to this authorization.
- Aflac, or its designee, has authorization to debit or credit my account, when necessary, for any errors made.
- If there are not enough funds in my account, Aflac, or its designee, may try again but is not required to.
- If there are not funds in my account, coverage may end subject to the terms of my insurance policy.
- If any payment is dishonored by the bank, I am responsible for any fees my bank will charge.
- This authorization will remain in full force and effect until I complete and submit the Cancellation of ACH Recurring Premium Payment form located on the Member Administration Portal (MAP). It may take up to 10 business days from receipt for Aflac to cancel this authorization.
- I have the right to stop a payment by calling my financial institution within a reasonable time frame before my account is debited.
- I am signing this authorization electronically and agree to receive invoices electronically via the Member Administration Portal (MAP).

Submitter Name

Submitter Phone

Submitter Email

Date

☐ By Checking this box, I attest I am an account owner of the bank account listed on this form and acknowledge and agree that completing this authorization constitutes my electronic signature as well as an agreement to, and authorization of, all of the provisions set forth above.