Payment Authorization Agreement

Policyholder/Applicant Information

	Policy Numbers	Premium $	Policy Numbers	Premium $
Name:				
Address:				
City, State, ZIP:				

Phone: _____ No. of policies ☐ 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
- ☐ MasterCard
- ☐ American Express
- ☐ Credit card
- ☐ Debit card

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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