

Keeping your coverage is easy.

Complete the authorization form below and mail it to **P. O. Box 26481, Oklahoma City, OK 73126**, or fax it to **866-607-0151**.

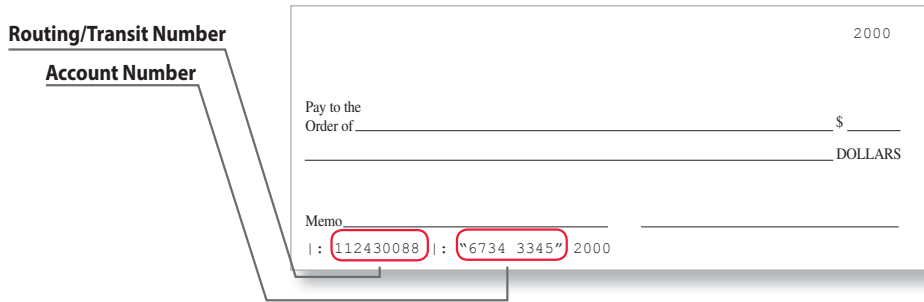


Complete the online authorization form at **americanfidelity.com/mycoverage**.

Authorization for Electronic Funds Transfer

Insured First Name	Insured Last Name
Customer Number	Policy Type <small>(i.e., Accident Only, Cancer, Life, etc.)</small>
Daytime Phone Number	Draft Start Date* / /
Routing/Transit Number	Month / Day / Year
Account Number	Financial Institution Name

*Please allow for 7-10 business days for processing time.



For my benefit and convenience, I hereby request and authorize you to deduct from my account funds representing premium payments, and any outstanding balances due to American Fidelity Assurance Company. I agree that your rights in respect to each such deduction shall be the same as if it were a check payable to you and signed personally by me. This authorization will remain in effect until revoked by me in writing and until you actually receive such notice I agree that you shall be fully protected in honoring any such payment.

I further agree that if such check be dishonored, whether with or without cause and whether intentionally or inadvertently, such dishonor could result in the lapse and forfeiture of insurance coverage.

Account Owner's Signature Date

Account Owner's Signature Date

9000 Cameron Parkway • Oklahoma City, OK 73114
800-943-2231 • americanfidelity.com

