AMERICAN FIDELITY
a different opinion

Worksite Group Benefits Department | P.O. Box 25160 | Oklahoma City, Oklahoma 73125-0160
American Fidelity Assurance Company | 1-800-662-1113 | Fax: 1-800-818-3453 | **americanfidelity.com**

Authorization Agreement for Automatic Deposits (ACH Credit) American Fidelity Assurance Company

Bank/Credit Union Name: _____

Mail Address: _____

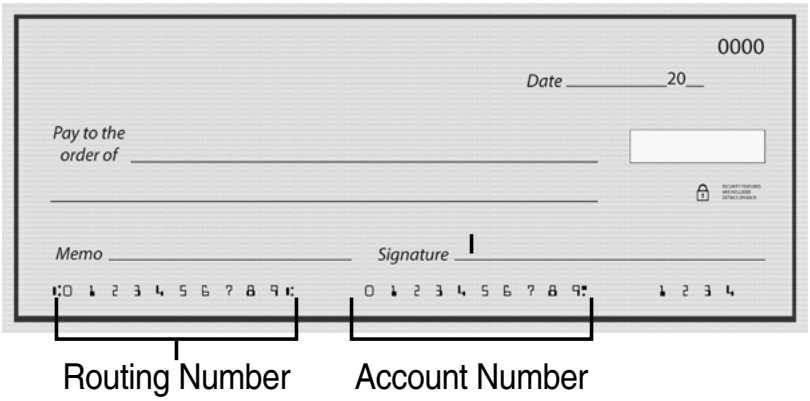
City, State, ZIP Code: _____

Your Name: _____ Social Security Number: _____

American Fidelity Customer Number: _____

(You can find this number under the My Profile section in your online account, on the Schedule page of your policy, or by contacting Customer Support at the number above.)

Bank Routing Number: _____ Bank Account Number: _____



To set up direct deposit with American Fidelity, provide all required information. You may also enroll in direct deposit through your online account.

I authorize American Fidelity Assurance Company (AFA) to initiate credit entries to my account as indicated. I also authorize AFA to debit my account for any deposits made in error. This authorization remains effective and in full force until AFA receives written notification from me of its termination in such time and in such manner as to afford AFA and the Depository a reasonable opportunity to act on it. Please notify AFA immediately if your depository information has changed. This authorization applies to benefits payable under all benefit plans with AFA.

Signature: _____