

# Bank Draft Authorization

AF55019 (03/25)

Americo Financial Life and Annuity Insurance Company  
Phone: 800.231.0801 • Fax: 800.395.9238 • Email: forms@americo.com

## Owner Information

Name	Policy Number(s) (if applicable)
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## Payment Information

- New Policy (Complete Sections 1 and 2 below.)
- Existing Policy (Unless otherwise requested, premium draft date will be the existing premium due date. To designate a specific date, complete Section 2 below. Draft date must be within 10 days of the due date and cannot be on the 29th, 30th, or 31st of the month. It may take up to 4 business days from the day we initiate the draft for your bank to process this transaction.)

Section 1: Initial Premium	<input type="checkbox"/> Upon Issue* <input type="checkbox"/> Initial Draft Date: _____ (MM/DD/YYYY)
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Section 2: Recurring Premium	<p>*If <b>Upon Issue</b> is selected for the initial premium, and the <b>Specific Day of the Month</b> does not indicate a value, recurring premiums will be deducted on the policy date, which is determined at the time the policy is issued and can be found within the policy. If the scheduled deduction date lands on a weekend or holiday, the payment will process on the following business day.</p> <p><input type="checkbox"/> Specific Day of the Month (1-28): _____ Must be within 10 days of the due date.</p> <p><input type="checkbox"/> Bi-Weekly (If selected, choose one option below. <b>Not available for all products. Verify availability before selecting this option.</b>)</p> <p><input type="checkbox"/> Monday    <input type="checkbox"/> Tuesday    <input type="checkbox"/> Wednesday    <input type="checkbox"/> Thursday    <input type="checkbox"/> Friday</p> <p><input type="checkbox"/> Social Security Billing (If selected, choose one option below. The actual draft date could vary each month. <b>Not available for all products.</b>)</p> <p>Wednesday of each month: <input type="checkbox"/> 2<sup>nd</sup>    <input type="checkbox"/> 3<sup>rd</sup>    <input type="checkbox"/> 4<sup>th</sup></p>
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## Account Information

Account Type: <input type="checkbox"/> Checking (include voided check) <input type="checkbox"/> Savings (include deposit slip)	<input type="checkbox"/> Check here if selected account is a business account
Routing Number:	Account Number:

## Payor Information

Payor Name		Name as it Appears on the Bank Account	
Relationship to Proposed Insured	Phone Number	SSN/TIN	Date of Birth (MM/DD/YYYY)
Street Address (required)		Mailing Address	

## Acknowledgment

I request and authorize Americo Life, Inc. and their banking institution to pay or charge my payment method as indicated on this authorization. This authorization hereby supersedes and revokes any previous authorization provided by me. This authorization will remain in effect until revoked by Americo or me. Notifications should be sent to PO BOX 410288, Kansas City, MO 64141-0288, Attention Customer Service, or to Americo's toll-free number: 800-231-0801. I further understand that Americo requires a 5-business day advance notice to setup, change, or discontinue my bank draft information and should any draft not be honored for the reason of "insufficient funds", a second attempt to draft may occur on or prior to the next scheduled draft date based on the established billing frequency. I authorize Americo Life, Inc., to verify the validity of the financial institution information provided with any third-party including, but not limited to, any consumer reporting agency for purposes of confirming accurate pre-draft information.

By affixing my signature on this authorization, I hereby warrant and agree that I am the owner of the account or am an authorized signor for the account. I will not dispute the payment with the listed banking institution as long as the transactions correspond to the terms indicated on this form. I further understand the policy effective date may differ from the draft date listed below, and that such policy effective date is subject to the applicable policy.

X \_\_\_\_\_  
Payor or Authorized Signor Signature (**Required**, as it appears on bank records)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signor Printed Name

## Agent's Certification (For New Business only)

I do hereby attest that I personally verified this information. I understand that any misrepresentation or falsification on my part will rescind my privilege to use this form and may lead to immediate termination of my appointment with the Company.

X \_\_\_\_\_  
Agent Signature (**Required**)

\_\_\_\_\_  
Agent Number