

What if I change my bank account?

Contact AFI at **800.524.9325** as soon as you know that you will be changing banks or closing an account. You will need to complete a new authorization form for your new bank account. AFI will make sure that we stop the payments from the previous account, and switch to the new bank account on the correct date with little or no disruption.

Notice: Paper bills for your premiums may be sent during the transition period from one bank account to another. Please pay any paper bills until AFI E-Z Pay is set up for your new account.

Do all financial institutions participate?

No, some financial institutions limit the use of savings and specialized accounts for automated payments. Contact your financial institution for details if you believe there may be restrictions on your account(s).

Will AFI share my information?

No. The only information available to AFI is the information provided on the authorization form. AFI's privacy policy states that this information will not be shared with any entity, unless required by law or regulation in conformance with generally accepted business practices within the insurance industry.

How do I find out more about my rights?

If you wish to obtain more information about your rights when using AFI E-Z Pay, contact your financial institution or the nearest Federal Reserve Bank (www.federalreserve.gov/bankinforeg). Regulation E outlines the legal requirements for consumers, companies and financial institutions that utilize electronic payment plans.

Who do I contact if I have questions?

If you have any questions or need assistance with AFI E-Z Pay, please call **800.524.9325** Monday through Friday 8 am - 6:30 pm CST. If you prefer, you may also email your question to billing@afi.org or write us at:

Armed Forces Insurance
Attn: Accounting Department
P.O. Box 7300
Ft. Leavenworth, KS 66027-7300

Call 800.524.9325
for the right answers
from a real person.

billing@afi.org • www.afi.org



You can now manage your account on line with AFIconnect. AFIconnect provides the ability to manage your account online.

- Pay your bill**
- View policy information**
- Print insurance documents**
- Report a Claim**
- View and manage claims information**

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Armed Forces Insurance

550 Eisenhower Road, Leavenworth, KS 66048

1 60 163 09 11

BILL PAYING



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AFI E-Z PAY
AUTOMATED BILL PAYING
INFORMATION



Armed Forces Insurance

OUR MISSION IS YOU.®

www.afi.org

Member's Guide to AFI E-Z Pay

What is AFI E-Z Pay?

AFI E-Z Pay is a free service from Armed Forces Insurance (AFI) that provides a secure way to pay your policy premiums electronically. When you sign up for AFI E-Z Pay, you authorize AFI to electronically collect the premium due on your insurance policies from your checking or savings account. With this free service, you do not have to worry about due dates, writing checks, returning coupons or paying postage.

Which policies are eligible?

Any AFI policy that you pay directly is eligible for AFI E-Z Pay. All your policy premiums can be deducted from one bank account or each policy may use a different bank account.

How do I sign up?

Simply fill out the Authorization for AFI E-Z Pay form included with this brochure and attach a voided check (or deposit slip from a savings account). Be sure to keep a copy of the document for your records. You can also obtain an authorization form by calling AFI at **800.524.9325** or by visiting our website at www.afi.org/billing.

Once we receive the authorization form, we'll begin the process to automatically pay your policy premiums. Until you receive notification that AFI E-Z Pay is in effect, please continue to pay any paper bills that you receive from AFI.

When will I receive notification that AFI E-Z Pay is in effect?

You will receive a payment schedule notification about two weeks prior to the first automated payment being deducted from your account(s). If the payment amount or withdrawal date change for any reason, we will send you an updated payment schedule.

What payment plan is used?

You can select the payment plan that best fits your needs by using the form to the right. AFI E-Z Pay requires a Full Pay, Quarterly Pay, or Monthly Pay plan. If you don't select a plan, the following structure will be used: Policies currently on a Full Pay, Quarterly Pay, or Monthly Pay plan will not change when you sign up for AFI E-Z Pay. Those on an Extended Pay plan will be switched to the Monthly Pay plan when signing up for AFI E-Z Pay.

Are there any fees?

No, this service is provided at no cost to our members. All direct bill service fees* will be waived if you use AFI E-Z Pay.

* Late fees may still apply.

What if my bank account balance is too low?

Your financial institution will automatically attempt to deduct the funds on the date they are due and if unsuccessful, the item will be returned to AFI as uncollectible. AFI will not credit your account for the payment. Late fees may apply. Please contact AFI immediately by calling **800.524.9325** to arrange for payment, as failure to pay could result in policy termination.

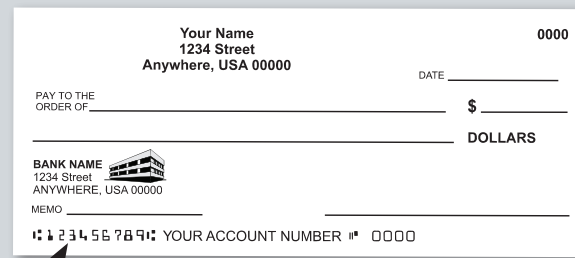
What if I change my policy?

Changes to your current policy will be automatically billed using AFI E-Z Pay. If you add a new policy simply let us know that you would like to add it to your existing AFI E-Z Pay plan.

ROUTING NUMBER

The Routing Number (also known as an ABA or Transit number) is found at the bottom of your check on the left side. It should be a nine-digit number between the two colons.

The Account Number will be just to the right of the routing number and may vary in length. An example is shown below:



Routing Number

AUTHORIZATION FOR AFI E-Z Pay

I hereby authorize Armed Forces Insurance (AFI) to initiate debit/credit entries to my account at the financial institution named below:

MEMBER INFORMATION

Member Name: _____ Member Number: _____

Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Which policies that **are paid for by you**, would you like to add to AFI E-Z Pay?

Pick one pay plan for each:

Policy No: _____ Full Quarterly Monthly

Policy No: _____ Full Quarterly Monthly

Policy No: _____ Full Quarterly Monthly

Policy No: _____ Full Quarterly Monthly

Policy No: _____ Full Quarterly Monthly

Policy No: _____ Full Quarterly Monthly

Note: We will start AFI E-Z Pay as soon as possible. Remember to pay any paper bills that are sent while we are setting up your new AFI E-Z Pay payment plan.

BANK INFORMATION

Financial Institution Name: _____

Routing Number (9 digits):

□□□□□□□□□

Bank Account Number:

□□□□□□□□□□□□□□□□□□□□

Type of Account: Checking Savings

Please attach a voided check from checking account to this application. **(only send deposit slip if using savings account)**

AGREEMENT TERMS

Electronic debit/credit entries shall be initiated by AFI to pay premiums and other charges for the above policies/account as they are due. I understand that these amounts may vary and authorize the payment of the balance due. I acknowledge that the origination of electronic debit entries to my account must comply with the provisions of U.S. law.

AFI reserves the right to refuse or terminate Automated Bill Payment services. This authority is to remain in effect until terminated by AFI or until AFI has received notification from me in writing, by email or by phone of its termination and has reasonable time to act on it.

Signature: _____ Print Name: _____ Date: ____/____/____

Note: Must be an authorized signer for the account(s) identified above.

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

PLEASE ATTACH COPY OF VOIDED CHECK

Mail form and voided check to:

Armed Forces Insurance, Accounting Department, PO Box 7300, Ft. Leavenworth, KS 66027-7300
or fax to 800.633.2011, Attn: Accounting Department