

# AUTHORIZATION FOR AFIE AUTOMATED BILL PAYMENT PLAN

I (we) hereby authorize Armed Forces Insurance Exchange, herein after called AFIE, to initiate debit/credit entries to my (our) account indicated below at the financial institution named below, herein after called FINANCIAL INSTITUTION, to debit/credit the same to such account.

## MEMBER INFORMATION

Member Name: \_\_\_\_\_ AFIE Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Which policies that **are paid for by you**, would you like to add to Automated Bill Payment?

Coverage/Policy Type

Property Address (if applicable)

**Please select the payment plan you desire for each policy.**

Personal Property and/or Liability

\_\_\_\_\_

Full Pay

Installation

Auto

\_\_\_\_\_

Full Pay

Installation

Homeowner/Dwelling

\_\_\_\_\_

Full Pay

Installation

Homeowner/Dwelling

\_\_\_\_\_

Full Pay

Installation

Homeowner/Dwelling

\_\_\_\_\_

Full Pay

Installation

Homeowner/Dwelling

\_\_\_\_\_

Full Pay

Installation

Homeowner/Dwelling

\_\_\_\_\_

Full Pay

Installation

Homeowner/Dwelling

\_\_\_\_\_

Full Pay

Installation

Note: Your liability and personal property policies must all have the same payment plan. What date would you like us to start your Automated Bill Payment Plan? \_\_\_/\_\_\_/\_\_\_ (If left blank, we will start Automated Bill Payment as soon as possible.) **Remember to pay any paper bills that are sent while we are setting up your new automated bill payment.**

## BANK INFORMATION

Financial Institution Name: \_\_\_\_\_

Routing Number (9 digits):

Account Number:

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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 AFIE to pay premiums and other charges for the above listed policies or other policies as they are due in accordance with AFIE's payment plan(s). I understand that these amounts may vary and authorize the payment of the balance due. No payment to AFIE will be deemed to have been made until AFIE receives actual credit. Any corrections to a debit/credit entry may involve adjustments to my (our) account. Entries will be debited/credited on or after the payment due date indicated on the billing statement.

AFIE reserves the right to refuse or terminate Automated Bill Payment services. This authority is to remain in effect until terminated by AFIE or until AFIE has received notification from me (us) of its termination and has reasonable time to act on it.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Note: Must be an authorized signer for the account(s) identified above. Joint accounts require the signature of all persons having authority over the account.

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