

Billing Options



Armed Forces Insurance has flexible billing options to fit your family's needs and budget.

SELECT YOUR PAYMENT METHOD

Call Us - Make your payment via phone by using a credit/debit card or electronic payment (ACH). Our agents are available Monday through Friday from 7:30 a.m. to 6:30 p.m. CST at 800-524-9325.

Pay Online - 24/7 payment access is a breeze when you register your AFI account online at www.afi.org/AFIConnect.

Mail Payment - Send us a check. Be sure to include your member or policy number on your check.

Armed Forces Insurance
Accounting Department
PO Box 7300
Leavenworth, KS 66048-7300

CHOOSE A PLAN THAT FITS YOUR BUDGET

Full Payment - Pay your total premium in one installment.

Quarterly Payment - Pay your premium in installments every 3 months.

Extended Payment - Pay your premium in extended installments. Installment fees apply.

Monthly Payment - Pay your premium in monthly installments. This plan requires AFI E-Z Pay.* This is our most popular option.

We accept cash, check, money order, electronic payment (ACH) and credit card (Visa, MasterCard, American Express and Discover).

*Complete the authorization for withdrawal by completing an AFI E-Z Pay form included with this brochure. Or signup online at www.afi.org/AFIConnect.

For all payment plans - all applicable state fees, surcharges, and/or assessments are paid in full on the first installment.

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: _____

Phone Number: _____

Email Address: _____

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 your AFI E-Z Pay payment plan is being established.

BANK INFORMATION

Financial Institution Name: _____

Routing Number (9 digits): _____

Bank Account Number: _____

Type of Account: Checking Savings

PLEASE ATTACH A COPY OF A VOIDED CHECK.

(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.

Call **800-524-9325** for the right answers from a real person.

Visit: www.afi.org/billing for more information.