

BILLING OPTIONS



OUR MISSION IS YOU.®

PAYING YOUR BILL JUST GOT EASIER



Armed Forces Insurance

OUR MISSION IS YOU.®

AFI.org

Select your payment method.

Whether paying by check, AFI E-Z Pay (our automated bill payment option), or a one-time credit card or EFT payment, the choice is yours.

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 withdraw your premium 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.

In addition, if you choose to pay with AFI E-Z Pay, we will waive all additional direct bill service fees. Remember – you can always choose to pay the entire balance at once regardless of the payment plan you choose.

Choose a plan to fit your needs.

Full Pay* Pay your total premium in one payment.

Monthly Pay* Pay your premium in monthly installments. *Only available with AFI E-Z Pay.*

Quarterly Pay* Pay your premium in installments every 3 months.

Extended Pay Pay your premium in extended installments. A service fee will be applied to each bill after the initial bill. *This plan is not available with AFI E-Z Pay.*

State fees, surcharges, and/or assessments will not be divided into installments. The full amount for any of these will be included in the first payment.

Combine your policies on one statement...or not.

All the policies that you pay for directly can now be combined on one simple statement, billed separately or in any combination you choose. To make changes call us at **800-524-9325**.

Frequently Asked Questions

How do I sign up for AFI E-Z Pay?

Simply complete the authorization for AFI E-Z Pay form included with this brochure and attach a voided check. You can also obtain an authorization form by calling AFI at **800-524-9325** or by visiting our website at www.afi.org/billing.

Whom do I contact if I have questions?

When you need assistance or wish to make changes to your payment plan, you may contact us by phone at **800-524-9325** or by email at billing@afi.org.

What payment methods are accepted?

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

What happens if I close my account and switch banks?

It's simple. Call us at **800-524-9325** and we will send you a new authorization form.

*No service fees apply.

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

BANK INFORMATION

Financial Institution Name: _____

Routing Number (9 digits):

Bank 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 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 A COPY OF A VOIDED CHECK.

Mail the form and voided check to:

Armed Forces Insurance, Accounting Department, PO Box 7300, Leavenworth, KS 66048-7300 or fax to 800-633-2011.



You can manage your account online with AFIconnect. With AFIconnect you can:

- Manage your account information
- Make a secure payment
- View policy information
- Print insurance documents
- Report a claim
- View claim information
- Enroll in paperless billing
- Sign up for email alerts

Register today for 24/7 access to your account at www.afi.org/AFIconnect.

Call 800.524.9325

for the right answers
from a real person.

Visit: www.afi.org
for more information or
a no-obligation quote.



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