American Heritage Life Insurance Company
4920 San Pablo Road S, Suite 200C
Jacksonville, Florida 32224-1844

Telephone 1-800-521-3535
Facsimile 866-428-2516
https://www.standard.com/ahl

Authorization for Automatic Payment of Premium

Please complete this form to authorize monthly withdrawals from your bank account for payment of premium. If your coverage has a past due premium balance at the time you elect Automatic Payment of Premium, you must authorize a one-time deduction to bring your account current before monthly withdrawals may begin. You must continue to make payments until you receive written confirmation that your authorization has been processed.

1. Policy/Certificate Owner Information

Name _____

Mailing Address _____
(Street) (Apt)

_____
(City) (State) (Zip)

Phone: (____) _____ Email: _____

2. Bank Account Information*

Name of Financial Institution: _____

❑ Savings

ACH/Routing Number: _____ Account Number: _____ ❑ Checking

*Bank account must be in policy/certificate owner's name.

3. Payment Information

Coverage # Date of Monthly Draft

_____

_____

_____

4. ACH Withdrawal Authorization and Signature

I authorize American Heritage Life Insurance Company ("AHL") to initiate a one-time withdrawal from the bank account indicated above, for all past due premium for the coverage(s) listed above. I further authorize AHL to initiate recurring withdrawal entries from the bank account indicated above, for payment of monthly premium for the coverage(s) indicated above. I certify that I am the holder of the bank account indicated above and, if this is a joint account, the signature of a joint account holder is not required for withdrawals from this account. I have carefully read, understand, and agree to the Terms and Conditions that are printed on the second page of this form.

Bank Account Holder's Signature: _____ Date: _____

A copy of this authorization shall be as valid as the original

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Terms and Conditions

The bank account holder whose signature appears on the previous page hereby understands and agrees that:

1. I will receive written confirmation of the acceptance of my authorization. This confirmation will state the month in which the first recurring withdrawal will occur and the amount of any past due premium balance. If my coverage has a past due premium balance, a one-time withdrawal for that amount will occur within ten (10) business days of the date of the confirmation notice. Recurring withdrawals will occur monthly on the day of the month I have chosen. Payments with withdrawal dates on a Saturday, Sunday or holiday may not be processed until the following business day. In no event will the first recurring withdrawal occur within ten (10) business days of the submission of this authorization.

2. AHL will not send me a notice of premium due while this authorization is in effect. It is my responsibility to ensure sufficient funds are available at the time of each scheduled withdrawal. My coverage may terminate if the payment is declined, which could result in the cancelation of this agreement and removal of my coverage from automatic recurring payment processing.

3. This authorization reflects my intent that AHL shall withdraw from my account the amount necessary to pay premium for the coverage(s) indicated. In the event my premiums increase in accordance with the terms and conditions of my coverage documents, AHL shall provide notice of such increase prior to the next authorized withdrawal date.

4. Any refund due me shall apply to the account indicated above. If necessary, AHL may also electronically debit or credit my bank account to correct any transactions.

5. All information reported on this authorization is complete and accurate. AHL can rely on this information and will have no obligation to ensure the correctness of the information. It is my responsibility to notify AHL at least three (3) business days prior to my next withdrawal date if my bank account information has changed.

6. I may revoke this authorization by providing notice to AHL by telephone, in writing, or electronically. AHL shall have at least three (3) business days to honor my request.

7. This agreement is to remain in full force and effect until I revoke my authorization, my coverage is no longer in effect, the account used for withdrawals is closed, or until AHL elects to cancel this agreement.

8. No premium shall be deemed paid until AHL receives payment at its Home Office.

9. The origination of ACH withdrawals to my account must comply with the provisions of U.S. law.